Fill in this information to identify your case:	
United States Bankruptcy Court for the:	
EASTERN DISTRICT OF TENNESSEE	
Case number (If known):	Chapter you are filing under: Chapter 7 Chapter 11 Chapter 12 Chapter 13

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

06/24

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number

1. Your full name	About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case)
	WILLIAM	(Table 1 in a boilt case)
Write the name that is on your government-issued picture	First name	
identification (for example,	CHRIS	First name
your driver's license or	Middle name	
passport).	ZACHARY	Middle name
Bring your picture	Last name	
identification to your meeting	_ Jc.	Last name
with the trustee.	Suffix (Sr., Jr., II, III)	0.45
		Suffix (Sr., Jr., II, III)
All other names you		
have used in the last 8	First name	
years		First name
Include your married or	Middle name	
maiden names and any		Middle name
assumed, trade names and	Last name	Last name
doing business as names.		Last name
Do NOT list the name of any	First name	First name
separate legal entity such as		. not harne
a corporation, partnership, or	Middle name	Middle name
LLC that is not filing this petition.		
petition.	Last name	Last name
	Business name (if applicable)	Business name (if applicable)
		(ii dpplicable)
	Business name (if applicable)	Business name (if applicable)
		(п аррісавіе)
Only the last 4 digits of	YYY	
	xxx - xx - <u>5</u> <u>0</u> <u>9</u> <u>8</u>	xxx - xx
ndividual Taxpayer	OR	OR
Identification number	9 xx _ vv	
(ITIN)	9 xx - xx	9 xx - xx

Debtor	1	WILLIAM First Name	CHRIS Middle Name	ZACHARY Last Name			Case number (if known)
ggrann-carrons		FIRST NAME	MIGGIE NAME	Last Name			
THE RESIDENCE OF THE PARTY OF T				About Debtor 1:			About Debtor 2 (Spouse Only in a Joint Case):
1	dentif	mployer ication Num if any.	nber	EIN — — — —			EIN
				EIN — — —			EIN
5. V	Vhere	you live					If Debtor 2 lives at a different address:
				500 LONGVIEW RI	D		
				Number Street			Number Street
				APT.B			_
				KNOXVILLE	TN	37919	
				City	State	ZIP Code	
				KNOX			
				County			County
				If your mailing address above, fill it in here. No any notices to you at this	te that the court v	vill send	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.
				7703 STRAWBERF	RY PLAINS PI	KE	
				Number Street			Number Street
				P.O. Box			P.O. Box
THE PLANT OF THE PARTY OF THE P				KNOXVILLE	TN	37924	
				City	State	ZIP Code	City State ZIP Code
6. V	Vhy yo	ou are choo	sing	Check one:	kanan dalam ang manamalah kanan dalam kanan da manganan saki makabikan man		Check one:
	<i>his di:</i> bankru	s <i>trict</i> to file uptcy	for	Over the last 180 day I have lived in this disother district.			Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
				☐ I have another reason (See 28 U.S.C. § 140	n. Explain. 98.)		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)
Total Control of the							

Da	htar	4	

WILLIAM First Name

CHRIS Middle Name

ZACHARY Last Name

Case number (if known)_

Part 2:

Tell the Court About Your Bankruptcy Case

7.	The chapter of the Bankruptcy Code you are choosing to file under		ruptcy (F oter 7 oter 11	a brief description of each, see <i>Notic</i> Form 2010)). Also, go to the top of pa			
		☐ Cha _l	oter 13				
8.	How you will pay the fee	☐ I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.					
				ay the fee in installments . If you for Individuals to Pay The Filing I			
		By la less pay	w, a jud than 15 the fee i	idge may, but is not required to, w 50% of the official poverty line tha	vaive your fee, a t applies to you s option, you m	ion only if you are filing for Chapter 7. and may do so only if your income is r family size and you are unable to ust fill out the <i>Application to Have the</i> with your petition.	
9.	Have you filed for	☑ No					
	bankruptcy within the last 8 years?	☐ Yes.	District	When	MM / DD / YYYY	Case number	
			District			Case number	
			District	When		Case number	
10	. Are any bankruptcy	☑ No					
	cases pending or being filed by a spouse who is		Debtor			Relationship to you	
	not filing this case with you, or by a business partner, or by an affiliate?	_ , , , ,		When	MM / DD / YYYY	Case number, if known	
			Debtor			Relationship to you	
			District	When	MM / DD / YYYY	Case number, if known	
11.	Do you rent your residence?	☑ No. ☐ Yes.	No.	our landlord obtained an eviction judgr . Go to line 12.			

Debtor 1	WILLIAM	CHRIS	ZACHARY		Case number (if know	n)	
	First Name	Middle Name	Last Name				
Part 3:	Report Abo	out Any B	usinesses You Ov	wn as a Sole Propr	ietor		
•	ou a sole pro full- or part	•	☑ No. Go to Part 4.				
busin	ess?		Yes. Name and I	ocation of business			
busines individu separal	proprietorship ss you operate lal, and is not te legal entity:	as an a such as	Name of busi	iness, if any			
a corpo LLC.	ration, partner	rship, or	Number	Street			
sole pro	ave more than oprietorship, use sheet and a	se a					
to triis p	Jettion.		City		State	ZIP Code	
			Check the a	appropriate box to desc	cribe your business:		
			☐ Health (Care Business (as defi	ned in 11 U.S.C. § 101(27A))		
			☐ Single A	Asset Real Estate (as o	defined in 11 U.S.C. § 101(51B)))	
			☐ Stockbr	oker (as defined in 11	U.S.C. § 101(53A))		
			☐ Commo	dity Broker (as defined	d in 11 U.S.C. § 101(6))		
			☐ None of	the above			
Chapt Bankr	ou filing und er 11 of the uptcy Code, u a <i>small b</i> o	and	can set appropriate most recent balance if any of these docur	deadlines. If you indica sheet, statement of o nents do not exist, follo	ate that you are a smáll busines	small business debtor so that it ss debtor, you must attach your , and federal income tax return c § 1116(1)(B).	
For a d	efinition of <i>sm</i>	all	No. I am not filir	ng under Chapter 11.			
	ss debtor, see C. § 101(51D)) .	No. I am filing u		am NOT a small business debt	tor according to the definition in	

Yes. I am filing under Chapter 11, I am a small business debtor according to the definition in the Bankruptcy Code, and I do not choose to proceed under Subchapter V of Chapter 11.
 Yes. I am filing under Chapter 11, I am a small business debtor according to the definition in the Bankruptcy Code, and I choose to proceed under Subchapter V of Chapter 11.

 Debtor 1
 WILLIAM
 CHRIS
 ZACHARY
 Case number (if known)

 First Name
 Milddle Name
 Last Name

Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention

14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

s.	What is the hazard?	<u> </u>		
	If immediate attention is	needed, w	hy is it needed?	
	Where is the property?			
	Where is the property?	Number	Street	
	Where is the property?	Number	Street	
	Where is the property?	Number	Street	

WILLIAM First Name CHRIS

ZACHARY

Middle Name

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am	not	required	to	receive	а	briefing	about
cred	it cc	unseling	j bi	ecause o	of	:	

Incapacity. I have a mental illness or a mental deficiency that makes me

incapable of realizing or making rational decisions about finances.

☐ **Disability.** My physical disability causes me to be unable to participate in a

briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

Ш	I received a briefing from an approved credit
	counseling agency within the 180 days before I
	filed this bankruptcy petition, and I received a
	certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

Ш	I am not required to receive a briefing ab	ou
	credit counseling because of:	

☐ Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or

through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Γ	htor	4	

WILLIAM First Name CHRIS

ZACHARY

CHKIS	ZAUNA
Middle Name	Last Name

_			
Case	num	her	(if known)

Pa	rt	ľ	ä

Answer These Questions for Reporting Purposes

16. What kind of debts do you have?		rily consumer debts? Consumer deb ual primarily for a personal, family, or hou	
you nave:	No. Go to line 16b.✓ Yes. Go to line 17.		
		rily business debts? Business debts avestment or through the operation of the	
	□ No. Go to line 16c.□ Yes. Go to line 17.		
	16c. State the type of debts yo	u owe that are not consumer debts or bus	siness debts.
17. Are you filing under Chapter 7?	☐ No. I am not filing under C	hapter 7. Go to line 18.	
Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?	administrative expens No	iter 7. Do you estimate that after any exer es are paid that funds will be available to	npt property is excluded and distribute to unsecured creditors?
18. How many creditors do you estimate that you owe?	☑ 1-49 □ 50-99 □ 100-199 □ 200-999	☐ 1,000-5,000 ☐ 5,001-10,000 ☐ 10,001-25,000	25,001-50,000 50,001-100,000 More than 100,000
19. How much do you estimate your assets to be worth?	✓ \$0-\$50,000 ☐ \$50,001-\$100,000 ☐ \$100,001-\$500,000 ☐ \$500,001-\$1 million	\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million	\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion
20. How much do you estimate your liabilities to be?	\$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million	\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million	\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion
Part 7: Sign Below			
For you	I have examined this petition, a correct.	and I declare under penalty of perjury that	the information provided is true and
		hapter 7, I am aware that I may proceed, I understand the relief available under ea	
		nd I did not pay or agree to pay someone and read the notice required by 11 U.S.C	
	I request relief in accordance w	rith the chapter of title 11, United States C	Code, specified in this petition.
		ult in fines up to \$250,000, or imprisonme	n money or property by fraud in connection on the total on the to 20 years, or both.
	* Wholis 7h	Jr. ×	
	Signature of Debtor 1	Signature	e of Debtor 2

Executed on

MM / DD /YYYY

Executed on 05/28/2025
MM // DD // YYYY

 Debtor 1
 WILLIAM
 CHRIS
 ZACHARY
 Case number (if known)

 First Name
 Middle Name
 Last Name

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

	Date	
Signature of Attorney for Debtor		MM / DD /YYYY
Printed name		
irm name		
Number Street		
Sity	State	ZIP Code
Contact phone	Email address	
Bar number	State	

WILLIAM

CHRIS

ZACHARY

First Name

Middle Name

Last Name

Case number (if known)____

For you if you are filing this bankruptcy without an attorney

If you are represented by an attorney, you do not need to file this page. The law allows you, as an individual, to represent yourself in bankruptcy court, but you should understand that many people find it extremely difficult to represent themselves successfully. Because bankruptcy has long-term financial and legal consequences, you are strongly urged to hire a qualified attorney.

To be successful, you must correctly file and handle your bankruptcy case. The rules are very technical, and a mistake or inaction may affect your rights. For example, your case may be dismissed because you did not file a required document, pay a fee on time, attend a meeting or hearing, or cooperate with the court, case trustee, U.S. trustee, bankruptcy administrator, or audit firm if your case is selected for audit. If that happens, you could lose your right to file another case, or you may lose protections, including the benefit of the automatic stay.

You must list all your property and debts in the schedules that you are required to file with the court. Even if you plan to pay a particular debt outside of your bankruptcy, you must list that debt in your schedules. If you do not list a debt, the debt may not be discharged. If you do not list property or properly claim it as exempt, you may not be able to keep the property. The judge can also deny you a discharge of all your debts if you do something dishonest in your bankruptcy case, such as destroying or hiding property, falsifying records, or lying. Individual bankruptcy cases are randomly audited to determine if debtors have been accurate, truthful, and complete. Bankruptcy fraud is a serious crime; you could be fined and imprisoned.

If you decide to file without an attorney, the court expects you to follow the rules as if you had hired an attorney. The court will not treat you differently because you are filing for yourself. To be successful, you must be familiar with the United States Bankruptcy Code, the Federal Rules of Bankruptcy Procedure, and the local rules of the court in which your case is filed. You must also be familiar with any state exemption laws that apply.

Are you aware that filing for bankruptcy is a serious a consequences?	action with long-term financial and legal
☐ No ☐ Yes	
Are you aware that bankruptcy fraud is a serious crin inaccurate or incomplete, you could be fined or imprison. No Yes	
Did you pay or agree to pay someone who is not an a ✓ No ✓ Yes. Name of Person Attach Bankruptcy Petition Preparer's Notice, D	
By signing here, I acknowledge that I understand the have read and understood this notice, and I am awar attorney may cause me to lose my rights or property	e that filing a bankruptcy case without an
* Whichiz Chy Tr	*
Signature of Debtor 1 Date US 28 2025 MM / DD / YYYY	Signature of Debtor 2 Date MM / DD / YYYY
Contact phone	Contact phone
Cell phone	Cell phone
Email address ZACHARYFARMS@COMCAST.NET	Email address

	WILLIAM First Name	CHRIS Middle Name	ZACHARY Łast Name			
ebtor 2 Spouse, if filing	Q) First Name	Middle Name	Last Name			
•	-	the: EASTERN DISTRICT O				
ase numbe			hadd a consequence of the land or		Г	Check if this is a
If known)					_	amended filing
fficial	Form 107					
atem	nent of Fin	ancial Affair	s for Indiv	iduals Filing for B	ankruptcy	04/
				together, both are equally respo		
	nown). Answer eve		te sneet to this for	m. On the top of any additional pa	ages, write your na	me and case
art 1:	Civa Dataila Aba	out Your Marital Stat	us and Whara V	ou Lived Refere		
ait i.	Give Details And	out rour Marital Stat	us and where i	Du Liveu Belore		
What is	your current marit	al status?				
Marr						
	married					
. During t		ve you lived anywhere o	other than where y	ou live now?		
During t	he last 3 years, ha	ve you lived anywhere o				
During t □ No ☑ Yes.	he last 3 years, ha					Dates Debtor 2 lived there
During to No	the last 3 years, ha		ears. Do not include Dates Debtor 1	where you live now. Debtor 2:		lived there
During t ☐ No ☐ Yes. De	the last 3 years, ha		ears. Do not include Dates Debtor 1 lived there	where you live now.		lived there Same as Debtor
During t ☐ No ☐ Yes. De	the last 3 years, ha	s you lived in the last 3 ye	ears. Do not include Dates Debtor 1	where you live now. Debtor 2:		lived there
During t ☐ No ☐ Yes. De	the last 3 years, hat List all of the place botor 1:	s you lived in the last 3 ye	ears. Do not include Dates Debtor 1 lived there From 1994	Debtor 2: Same as Debtor 1		lived there Same as Debtor
During to No Yes. De	the last 3 years, hat List all of the place better 1: 703 STRAWBE umber Street	s you lived in the last 3 yes RRY PLAINS PIKE TN 37924	ears. Do not include Dates Debtor 1 lived there From 1994	Debtor 2: Same as Debtor 1 Number Street	re ZIP Code	lived there ☐ Same as Debtor From
During to No Yes. De	the last 3 years, hat List all of the place better 1: 703 STRAWBE umber Street	s you lived in the last 3 ye	ears. Do not include Dates Debtor 1 lived there From 1994	Debtor 2: Same as Debtor 1 Number Street City State	te ZIP Code	Iived there Same as Debtor From To
During to No Yes. De	the last 3 years, hat List all of the place better 1: 703 STRAWBE umber Street	s you lived in the last 3 yes RRY PLAINS PIKE TN 37924	Dates Debtor 1 lived there From 1994 To 2024	Debtor 2: Same as Debtor 1 Number Street	te ZIP Code	Same as Debtor
During to No Yes. De	the last 3 years, hat List all of the place better 1: 703 STRAWBE umber Street	s you lived in the last 3 yes RRY PLAINS PIKE TN 37924	Prom	Debtor 2: Same as Debtor 1 Number Street City State	te ZIP Code	Iived there Same as Debtor From To Same as Debtor From
During to No Ves. De	the last 3 years, hat List all of the place bottor 1: 703 STRAWBE amber Street STRAWBE	s you lived in the last 3 yes RRY PLAINS PIKE TN 37924	Dates Debtor 1 lived there From 1994 To 2024	Same as Debtor 1 Number Street City State	te ZIP Code	Iived there Same as Debtor From To Same as Debtor
During to No Per	the last 3 years, hat List all of the place both or 1: 703 STRAWBE amber Street STRAWBE Street	RRY PLAINS PIKE TN 37924 State ZIP Code	Prom	Pewhere you live now. Debtor 2: Same as Debtor 1 Number Street City State Number Street		Iived there Same as Debtor From To Same as Debtor From
During to No Per Yes. De	the last 3 years, hat List all of the place both or 1: 703 STRAWBE amber Street STRAWBE Street	s you lived in the last 3 yes RRY PLAINS PIKE TN 37924	Prom	Same as Debtor 1 Number Street City State		Iived there Same as Debtor From To Same as Debtor From
During to No Yes. De 7 No K Giff Within th	the last 3 years, has List all of the place both or 1: 703 STRAWBE amber Street STRAWBE street STRAWBE street	State ZIP Code	Pates Debtor 1 lived there From 1994 To 2024 From To	Pewhere you live now. Debtor 2: Same as Debtor 1 Number Street City State Number Street City State City State City State City State City State	e ZIP Code	Iived there Same as Debto From To Same as Debto From To To
During to No Ves. De 7 No Kes. Cit	the last 3 years, has List all of the place both or 1: 703 STRAWBE amber Street STRAWBE street STRAWBE street	State ZIP Code	Pates Debtor 1 lived there From 1994 To 2024 From To	Debtor 2: Same as Debtor 1 Number Street City State Number Street City State	e ZIP Code	Iived there Same as Debto From To Same as Debto From To To

Did you have any income from employmer Fill in the total amount of income you receive If you are filing a joint case and you have inco	d from all jobs and all busi	nesses, including part-tir	me activities.	endar years?
☑ No ☑ Yes. Fill in the details.				
	Debtor 1		Debtor 2	
	Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:	Wages, commissions, bonuses, tipsOperating a business	\$7040	☐ Wages, commissions, bonuses, tips☐ Operating a business	\$
For last calendar year: (January 1 to December 31, 2024	✓ Wages, commissions, bonuses, tips✓ Operating a business	\$35710	☐ Wages, commissions, bonuses, tips☐ Operating a business	\$
For the calendar year before that: (January 1 to December 31, 2023	✓ Wages, commissions, bonuses, tips✓ Operating a business	\$4949	☐ Wages, commissions, bonuses, tips☐ Operating a business	\$
unemployment, and other public benefit payn gambling and lottery winnings. If you are filing			•	•
unemployment, and other public benefit paying gambling and lottery winnings. If you are filing List each source and the gross income from a No Yes. Fill in the details.	g a joint case and you have	e income that you receive	ed together, list it only once	•
gambling and lottery winnings. If you are filing List each source and the gross income from o	g a joint case and you have	e income that you receive	ed together, list it only once	e under Debtor 1. Gross Income from each source
gambling and lottery winnings. If you are filing List each source and the gross income from o	g a joint case and you have each source separately. D Debtor 1 Sources of Income	Gross income from each source (before deductions and exclusions) \$\begin{array}{cccccccccccccccccccccccccccccccccccc	ed together, list it only once t you listed in line 4. Debtor 2 Sources of income	e under Debtor 1. Gross Income from each source (before deductions and
gambling and lottery winnings. If you are filing List each source and the gross income from a No Yes. Fill in the details. From January 1 of current year until the date you filed for bankruptcy: For last calendar year:	p a joint case and you have ach source separately. Department of the property	Gross income from each source (before deductions and exclusions) \$	ed together, list it only once t you listed in line 4. Debtor 2 Sources of income Describe below.	e under Debtor 1. Gross Income from each source (before deductions and
gambling and lottery winnings. If you are filing List each source and the gross income from a No Yes. Fill in the details. From January 1 of current year until the date you filed for bankruptcy:	Debtor 1 Sources of Income Describe below.	Gross income from each source (before deductions) \$ 1,132.00 \$ 2,223.00 \$	ed together, list it only once t you listed in line 4. Debtor 2 Sources of income	e under Debtor 1. Gross Income from each source (before deductions and
gambling and lottery winnings. If you are filing List each source and the gross income from a No Yes. Fill in the details. From January 1 of current year until the date you filed for bankruptcy: For last calendar year:	Debtor 1 Sources of Income Describe below.	Gross income from each source (before deductions and exclusions) \$	ed together, list it only once t you listed in line 4. Debtor 2 Sources of Income Describe below.	e under Debtor 1. Gross Income from each source (before deductions and

WILLIAM

First Name

Debtor 1

CHRIS

Middle Name

ZACHARY

Last Name

 Debtor 1
 WILLIAM First Name
 CHRIS
 ZACHARY
 Case number (# known)

 First Name
 Middle Name
 Last Name

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy

6. Are eit	ther Debtor 1's or Deb	tor 2's del	ots primarily c	onsumer deb	ts?		
☐ No	"incurred by an indiv	idual prima	rily for a persor	nal, family, or h	household purpose."	re defined in 11 U.S.C. § 10	1(8) as
	During the 90 days t	etore you t	illed for bankru	ptcy, did you p	eay any creditor a total of	\$7,575* or more?	
	No. Go to line 7.						
	total amoun	it you paid t	that creditor. Do	o not include p	\$7,575* or more in one payments for domestic signerts to an attorney for	or more payments and the upport obligations, such as this bankruptcy case.	
			-		· · · · · · · · · · · · · · · · · · ·	after the date of adjustment.	
Ø ve	s. Debtor 1 or Debtor	2 or both I	nave nrimarily	consumer de	ahte		
			-		ay any creditor a total of	\$600 or more?	
	☑ No. Go to line 7.	•	·	, , ,			
	creditor. Do	not include	e payments for	domestic supp	\$600 or more and the to port obligations, such as ey for this bankruptcy ca	otal amount you paid that child support and see.	
				Dates of payment	Total amount paid	Amount you still owe	Was this payment for
					\$	\$	☐ Mortgage
	Creditor's Name						☐ Car
	Number Street						Credit card
	Number Street						Loan repayment
	***************************************						Suppliers or vendors
	City	State	ZIP Code				Other
	City	State	ZIF Code				
					\$	\$	
	Creditor's Name	*****			Ψ	Φ	☐ Mortgage
							☐ Car
	Number Street						Credit card
				W			Loan repayment
							Suppliers or vendors
	City	State	ZIP Code				Other
	Creditor's Name				\$	\$	☐ Mortgage
	Crossion o riginio						☐ Car
	Number Street		***************************************				Credit card
							Loan repayment
							☐ Suppliers or vendors
	City	State	ZIP Code				☐ Other

First Name	Middle Name	Last Name				
nsiders include you orporations of whic	r relatives; any ge h you are an offic for a business yo	eneral partners; er, director, per	relatives of any g son in control, or	general partners; p owner of 20% or i	partnerships of whic more of their voting	who was an insider? th you are a general partner; securities; and any managing r domestic support obligations,
1 No						
Yes. List all pay	ments to an inside	er.				
			Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
Insider's Name				\$	\$	
Number Street						
City	State	e ZIP Code	_			
Insider's Name				\$	\$	
Number Street			<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>			
City	State	e ZIP Code	-			
n insider? nclude payments of No Yes. List all payi	n debts guarantee	d or cosigned b		Total amount paid	Amount you still owe	n account of a debt that benef Reason for this payment Include creditor's name
Insider's Name				\$	\$	
Number Street						
City	State	e ZIP Code				
				\$	\$	
Insider's Name				\$	_ \$	
Insider's Name Number Street				\$	\$	

City

State

ZIP Code

WILLIAM

Debtor 1

CHRIS

WILLIAM CHRIS ZACHARY Debtor 1 Case number (if known)_ First Name Middle Name Last Name Part 4: Identify Legal Actions, Repossessions, and Foreclosures 9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. ☑ No ☐ Yes. Fill in the details. Nature of the case Status of the case Court or agency Pending Case title_ Court Name On appeal Concluded Number Street Case number City ZIP Code Pending Case title Court Name On appeal ☐ Concluded Number Street Case number ZIP Code 10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below. Value of the property Describe the property Date Creditor's Name Number Street Explain what happened Property was repossessed. Property was foreclosed.

City

City

Creditor's Name

Number Street

State

ZIP Code

ZIP Code

Property was repossessed.Property was foreclosed.Property was garnished.

Property was attached, seized, or levied.

Property was garnished.

Describe the property

Explain what happened

Property was attached, seized, or levied.

Date

Value of the property

No	nake a payment Dec	ause you owed a debt?	
Yes. Fill in the detail	s.		
		Describe the action the creditor took	Date action Amount was taken
Creditor's Name		- :	·
Number Street		-	\$
		- 1	
City	State ZIP Code	Last 4 digits of account number: XXXX	
No Yes List Certain G	ifts and Contribu	tions	
i in 2 years before y No	ou filed for bankrup	tcy, did you give any gifts with a total value of mo	ore than \$600 per person?
Yes. Fill in the detail:	s for each gift.		
Gifts with a total valu	ue of more than \$600	Describe the gifts	Dates you gave Value the gifts
per person		Describe the gifts	
per person		Describe the gifts	
		Describe the gifts	
per person Person to Whom You Gave		Describe the gifts	
per person Person to Whom You Gave		Describe the gifts	
per person Person to Whom You Gave Number Street	state ZIP Code	Describe the gifts	
per person Person to Whom You Gave Number Street City Person's relationship to	State ZIP Code	Describe the gifts	
Person to Whom You Gave Number Street City Person's relationship to Gifts with a total value per person	State ZIP Code you		the gifts \$\$\$\$ Dates you gave Value
Person to Whom You Gave Number Street City Person's relationship to Gifts with a total value per person	State ZIP Code you		the gifts \$ \$ Dates you gave the gifts
per person	State ZIP Code you		the gifts \$ \$ Dates you gave the gifts

WILLIAM

First Name

Debtor 1

CHRIS

Middle Name

ZACHARY

Last Name

Yes. Fill in the details for each gift or contribution. Gifts or contributions to charities that total more than \$600 Date you contributed Charity's Name Charity's Name City State ZIP Code State Certain Losses List Certain Losses Whin 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other saster, or gambling? No Yes. Fill in the details. Describe the property you lost and how the loss occurred Describe any insurance coverage for the loss lost property. List Certain Payments or Transfers Thin 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone used any altorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. No Yes. Fill in the details.	Í No			
Chartly's Nance Chartly's Nance Chartly's Nance State Certain Losses City State ZiP Code List Certain Losses List Certain Payments or Transfers List Certain Payments o		ntribution.		
Same ZiP Code		Describe what you contributed		Value
Same ZiP Code				•
List Certain Payments or Transfers thin 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theff, fire, other saster, or gambling? No Yes. Fill in the details. Describe the property you lost and how the loss occurred Describe any insurance coverage for the loss Date of your loss Da	Charity's Name	_ : : :		\$
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hin 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other aster, or gambling? No Yes. Fill in the details. Describe the property you lost and how the loss occurred Describe any insurance coverage for the loss loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule ArB. Property. List Certain Payments or Transfers hin 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone a consulted about seeking bankruptcy or preparing a bankruptcy petition? ude any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. No Yes. Fill in the details. Description and value of any property transferred Date payment or transfer was made Serson Who Was Paid Number Street S. Little Certain Payments or Transfers Amount of payment and transfer was made S. Little Certain Payments or Transfers Little Certain Payments or Transfers Amount of payment or transfers was made				
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Describe the property you lost and how the loss occurred Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance Include the amount that insurance has paid. List pending insurance Include the amount that insurance has paid. List pending insurance	No			
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WILLIAM

First Name

Debtor 1

CHRIS

Middle Name

ZACHARY

Last Name

			ZACHAI		Case number (if known)		
	First Name	Middle Name	Last Nam	е			
				Description and value of any property	transferred	Date payment or transfer was made	Amount of payment
Ē	Person Who Was Pa	aid					¢.
-	Number Street						Ф
,	Number Street						\$
_			 :				Ψ
_							
C	City	State ZIP	Code				
Ë	Email or website add	dress					
=			:				
F	Person Who Made to	he Payment, if Not You	u ;				
				, did you or anyone else acting o s or to make payments to your cr		sfer any property t	o anyone who
•		-		listed on line 16.			
U No	^						
	es. Fill in the de	etails.					
				Description and value of any property	transferred	Date payment or	Amount of pay
				zooonphon and value of any property		transfer was	, or pay
Ī	Person Who Was P	aid				maue	
_			<u></u>				\$
1	Number Street						T
-							\$
-	City	State ZIP	² Code				\$
	•			v. did vou sell. trade. or otherwis	e transfer any property t	o anvone, other tha	\$
Withii transi	n 2 years befo ferred in the o	re you filed for l rdinary course	bankruptcy of your bus	y, did you sell, trade, or otherwis siness or financial affairs?			
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Person's relationship to you ____

Name of trust Name of trust	7 N -	sse ale (nten caned as	sset-protection devices.)			
Name of trust		ls.					
Name of trust Name of trust				Description and value of the prope	rty transferred		Date transfer
Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. No Yes. Fill in the details. Last 4 digits of account number Type of account or instrument closed, sold, moved, or transferred NAVY FEDERAL CREDIT UNION Name of financial institution PO BOX 3000 Number Street MERRIFIELD VA 22119 City State ZIP Code MERRIFIELD VA 22119 City State ZIP Code NAVY FEDERAL CREDIT UNION Name of financial institution PO BOX 3000 Number Street MERRIFIELD VA 22119 City State ZIP Code Merrifield VA 22119 City State ZIP Code Merrifield Noney market Brokerage MERRIFIELD VA 22119 City State ZIP Code Merrifield Noney market Brokerage MERRIFIELD VA 22119 City State ZIP Code Merrifield Noney market Brokerage Merrifield Noney market Brokerage Merrifield Noney market Brokerage Other Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? No Yes, Fill in the details. Who else had access to it? Describe the contents Do you have it?							was made
Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. No Yes. Fill in the details. Last 4 digits of account number Type of account or instrument closed, sold, moved, or transferred NAVY FEDERAL CREDIT UNION Name of Financial Institution	Name of trust						:
Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. No Yes. Fill in the details. Last 4 digits of account number Type of account or instrument closed, sold, moved, or transferred NAVY FEDERAL CREDIT UNION Name of Financial Institution							
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Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, prokerage houses, pension funds, cooperatives, associations, and other financial institutions. No Yes. Fill in the details.	SMERRIE					The state of the s	benefit,
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Name of Financial Institution PO BOX 3000 Number Street Manage of Financial Institution Savings Money market Brokerage Other Savings Money market Brokerage Other Savings Other Other				Last 4 digits of account number		closed, sold, moved,	Last balance before closing or transfer
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City State ZIP Code Other					-		
NAVY FEDERAL CREDIT UNION Name of Financial Institution PO BOX 3000 Number Street Brokerage MERRIFIELD VA 22119 City State ZIP Code Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? No Yes. Fill in the details. Who else had access to it? Describe the contents Do you have lift No Vo					☐ Brokerage		
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WILLIAM

First Name

Debtor 1

CHRIS

Middle Name

tor 1			ZACHARY	Case number (if known)	
	First Name	Middle Name	Last Name	, , , , , , , , , , , , , , , , , , , ,	
Have	vou stored nr	onerty in a stor:	age unit or place other than your h	ome within 1 year before you filed for bankru	intev?
Ø,		sperty in a store	age unit of place other than your he	ome within a year before you med for banking	iptcy r
☐ Y	es. Fill in the c	details.			
			Who else has or had acces	s to it? Describe the contents	Do you s have it?
					. □ No
	Name of Storage I	Facility	Name		☐ Yes
	Number Street	***************************************	Number Street		
			City State ZIP Code	:	
	City	State ZI	P Code		
4055900					
art 9	A Identify	/ Property You	u Hold or Control for Someone	Else	
Ø i	iold in trust for No Yes. Fill in the				
_	res. Fill III tile	uetans.	Where is the property?	Describe the property	Value
	Owner's Name	HTTAL			\$
	Owner's Name Number Street		Number Street		\$
			Number Street		\$
		State ZII		ate ZIP Code	\$
nr: 1	Number Street		P Code City St	ate ZIP Code	\$
	Number Street City Cit	etalis About E	P Code City St	ate ZIP Code	\$
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City

State

ZIP Code

WILLIAM

CHRIS

r 1	WILLIAM	CHRIS	ZACHARY	Case number (if known)	
	First Name	Middle Name	Last Name		
، ده ل	o vou potition		lumbara muunduud ka muuduud ka mu		
	No	iny governmenta	l unit of any release of hazardous	, material?	
	No Yes. Fill in the	dataile			
		actuno.	Governmental unit	Environmental law, if you know it	Date of notice
					Date of notice
	Name of site		Governmental unit		
	Number Street	***************************************	Number Street		
			City State ZIP	Code	
	City	State ZIP	Code		
برداد	a vay baan a n	americal	al au aductulatuativa uus saadtu s		
iav Ø		arty in any judicia	ar or administrative proceeding ur	nder any environmental law? Include settlement	s and orders.
_	No Yes. Fill in the	details			
_	100.11111111111	actuno.	Court or agency	Nature of the case	Status of the
			oour or agency	Nature of the case	case
	Case title		Court Name		Pending
			Court Name		On appea
			Number Street		☐ Conclude
	Case number		City State	ZIP Code	
UTUSNUS					
i 1			ur Business or Connections (-	
Vith	nin 4 years befo	ore you filed for b	ankruptcy, did you own a busine	ss or have any of the following connections to a	any business?
	La A sole prop □ A member α	rietor or seir-emp of a limited liabili	bioyed in a trade, profession, or o by company (LLC) or limited liabili	ther activity, either full-time or part-time	
	A nember of		ly company (LLC) or innited liabili	ry parmership (EEF)	
			ging executive of a corporation		
١	An owner of	f at least 5% of th	e voting or equity securities of a	corporation	
7 :	No. None of the	above applies. C	3o to Part 12		
			and fill in the details below for ea	ch business.	
			Describe the nature of the		number
	Business Name		: '	Do not include Social So	ecurity number or ITIN.
				EIN:	
	Number Street			<u> </u>	
			Name of accountant or boo	okkeeper Dates business existed	
		***************************************		From To	
	City	State ZIP (Code	FIOIII10	
	-		Describe the nature of the	business Employer Identification	number
	Business Name			Do not include Social Se	ecurity number or ITIN.
				EIN:	
	Number Street				
			Name of accountant or boo	okkeeper Dates business existed	
			:		
				From To	

City

State

ZIP Code

WILLIAM

Debtor 1

CHRIS

	First Name Middle Name	Last Name	Case number (if known)
		Describe the nature of the business	Employer Identification number
	Business Name	_	Do not include Social Security number or ITI
			EIN:
	Number Street	Name of accountant or bookkeeper	
		тапо от ассоциани от вооккеерег	Dates business existed
	City State ZIP Code		From To
			_
. With	in 2 years before you filed for bankr	ruptcy, did you give a financial statement to	anyone about your business? Include all financial
		o de la content (o	anyone about your business? Include all financial
□ Y	es. Fill in the details below.		
		Date issued	
	Name		
		MM / DD / YYYY	
i	Number Street		
,	Additional Stilest		
-			
		-	
ā	City State ZIP Code	···	
Sec Name Care			
t 12:	Sign Relow		
t 12:	Sign Below		
l have	e read the answers on this Cod	A-FE	
l have	e read the answers on this Statemen	nt of Financial Affairs and any attachments,	and I declare under penalty of periury that the
l have	e read the answers on this Statemen	nt of Financial Affairs and any attachments, nd that making a false statement, concealing result in fines up to \$250,000, or imprison	and I declare under penalty of perjury that the property, or obtaining money or property by fraud
l have	e read the answers on this Statemen	nt of Financial Affairs and any attachments, nd that making a false statement, concealing n result in fines up to \$250,000, or imprisonr	and I declare under penalty of perjury that the g property, or obtaining money or property by fraud ment for up to 20 years, or both.
l have	e read the answers on this Statemen	nt of Financial Affairs and any attachments, nd that making a false statement, concealing nresult in fines up to \$250,000, or imprisonr	and I declare under penalty of perjury that the g property, or obtaining money or property by fraud ment for up to 20 years, or both.
l have	e read the answers on this Statemen	n result in fines up to \$250,000, or imprisonr	and I declare under penalty of perjury that the g property, or obtaining money or property by fraud ment for up to 20 years, or both.
I have answ in cor 18 U.S	e read the answers on this <i>Statemen</i> rers are true and correct. I understan nnection with a bankruptcy case car S.C. §§ 152, 1341, 1519, and 3571.	nt of Financial Affairs and any attachments, nd that making a false statement, concealing n result in fines up to \$250,000, or imprison	and I declare under penalty of perjury that the g property, or obtaining money or property by fraud ment for up to 20 years, or both.
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Debtor 1	WILLIAM	CHRIS	ZACHARY
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse, if filing)	First Name	Middle Name	Last Name
United States I	Bankruptcy Court for	the: EASTERN DISTRICT	OF TENNESSEE

Check if this is an amended filing

12/15

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

	Your assets Value of what you own
. Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$ 0
1a. Copy line 55, Total real estate, from Schedule AVB	
1b. Copy line 62, Total personal property, from Schedule A/B	\$5,858.06
1c. Copy line 63, Total of all property on Schedule A/B	\$5,858.06
Part 2: Summarize Your Liabilities	
	Your liabilities Amount you owe
Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$ <u>26,748.94</u>
Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$\$
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	••••••••••••••••••••••••••••••••••••••
Your total lia	sbilities \$140,847.78
Part 3: Summarize Your Income and Expenses	
. Schedule I: Your Income (Official Form 106I)	\$ 3,087.00
Copy your combined monthly income from line 12 of Schedule I	\$\$
. Schedule J: Your Expenses (Official Form 106J)	\$3,535.00

 WILLIAM
 CHRIS
 ZACHARY
 Case number (if known)

 First Name
 Middle Name
 Last Name

P	art 4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13? No. Yes		
7.	What kind of debt do you have?		
	Your debts are primarily consumer debts. Consumer debts are those "incurred by an family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purpo	individual primarily for a perso ses. 28 U.S.C. § 159.	onal,
	Your debts are not primarily consumer debts. You have nothing to report on this part this form to the court with your other schedules.	of the form. Check this box ar	nd submit
8.	From the Statement of Your Current Monthly Income: Copy your total current monthly income 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.		\$1,456.33
9.	Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:		
		Total claim	
	From Part 4 on Schedule E/F, copy the following:		
	9a. Domestic support obligations (Copy line 6a.)	\$	
	9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$8	
	9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$0.00	
	9d. Student loans. (Copy line 6f.)	\$63,952.00	
	9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	
	9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+ \$0.00	
	9g. Total. Add lines 9a through 9f.	\$ 63,952.00	

Debtor 1	WILLIAM	CHRIS	ZACHARY
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse, if filing)	First Name	Middle Name	Last Name
Jnited States (Bankruptcy Court for	r the: _ EASTERN DISTRICT	OF TENNESSEE
ase number			

☐ Check if this is an amended filing

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1:	Describe Each Residence, Building,	Land, or Other Real Estate You Own or Hav	e an Interest In	
1. Do you	u own or have any legal or equitable interes	st in any residence, building, land, or similar prope	erty?	
	o. Go to Part 2. es. Where is the property?			
1.1.	Street address, if available, or other description	What is the property? Check all that apply. ☐ Single-family home ☐ Duplex or multi-unit building	Do not deduct secured cla the amount of any secure Creditors Who Have Clair	d claims on Schedule D: ns Secured by Property.
		Condominium or cooperativeManufactured or mobile home	Current value of the entire property?	Current value of the portion you own?
		☐ Land☐ Investment property	\$	\$
	City State ZIP Code	☐ Timeshare ☐ Other	Describe the nature of interest (such as fee the entireties, or a life	simple, tenancy by
		Who has an interest in the property? Check one.		
	County	☐ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	Check if this is co	mmunity property
lf you	own or have more than one, list here:	Other information you wish to add about this ite property identification number:		
1.2.	Street address, if available, or other description	What is the property? Check all that apply. ☐ Single-family home ☐ Duplex or multi-unit building	Do not deduct secured cla the amount of any secure Creditors Who Have Clair	d claims on Schedule D:
	Street address, if available, or other description	☐ Condominium or cooperative ☐ Manufactured or mobile home	Current value of the entire property?	Current value of the portion you own?
		Land	\$	\$
	City State ZIP Code	☐ Investment property ☐ Timeshare ☐ Other	Describe the nature of interest (such as fee the entireties, or a life	simple, tenancy by
		Who has an interest in the property? Check one.		
		☐ Debtor 1 only ☐ Debtor 2 only		
	County	Debtor 1 and Debtor 2 only	☐ Check if this is co	mmunity property
		At least one of the debtors and another	(see instructions)	
		Other information you wish to add about this iter property identification number:	n, such as local	

ebtor 1	WILLIAM	CHRIS	ZACHAR	Case number (#	known)	
	First Name	Middle Name	Last Name		,	
1.3.	Street address, if ava	ailable, or other de	escription	What is the property? Check all that apply. ☐ Single-family home ☐ Duplex or multi-unit building	Do not deduct secured clause amount of any secure Creditors Who Have Claim	ed claims on Schedule D:
			·	☐ Condominium or cooperative	Current value of the entire property?	Current value of the portion you own?
				☐ Manufactured or mobile home ☐ Land	\$	\$
	City	State	ZIP Code	☐ Investment property ☐ Timeshare ☐ Other	Describe the nature of interest (such as fee the entireties, or a life	simple, tenancy by
				Who has an interest in the property? Check one.	·	
	County			□ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only	☐ Check if this is co	ommunity property
				At least one of the debtors and another Other information you wish to add about this ite	(see instructions)	
				property identification number:		
you o	that someone else	e legal or equit drives. If you lea	able interes	of in any vehicles, whether they are registered or e, also report it on Schedule G: Executory Contracts motorcycles	•	s
own Cars,	own, lease, or have that someone else vans, trucks, tract	e legal or equit drives. If you lea	able interes	e, also report it on Schedule G: Executory Contracts	•	s
you o rown Cars,	own, lease, or have that someone else of vans, trucks, tract o es Make: Model: Year:	e legal or equit drives. If you lea tors, sport utili SUBARU OUTBACK 2015	able interes	who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	•	aims or exemptions. Put id claims on Schedule D: ms Secured by Property.
you o own Cars, D N	own, lease, or have that someone else of vans, trucks, tract o es Make: Model:	e legal or equit drives. If you leastors, sport utilises SUBARU OUTBACK 2015 90000	able interes	who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see	Do not deduct secured clathe amount of any secure Creditors Who Have Clain	aims or exemptions. Put id claims on <i>Schedule D:</i> ms Secured by Property. Current value of th portion you own?
you on own Cars, N Y 3.1.	own, lease, or have that someone else of the trucks, tract of the trucks, tract of the trucks. Make: Model: Year: Approximate milea	SUBARU OUTBACK 2015 90000 DN than one, descr	able interes ase a vehicle ity vehicles,	who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions)	Do not deduct secured clithe amount of any secure Creditors Who Have Clair Current value of the entire property?	aims or exemptions. Put id claims on <i>Schedule D:</i> ms Secured by Property. Current value of th portion you own?
you our own	own, lease, or have that someone else of that someone else of the trucks, tractor of the solution of the solut	E legal or equit drives. If you lead tors, sport utili SUBARU OUTBACK 2015 90000 DN than one, descr	able interes ase a vehicle ity vehicles,	who has an interest in the property? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one.	Do not deduct secured clithe amount of any secure Creditors Who Have Clair Current value of the entire property?	aims or exemptions. Put ad claims on Schedule D: ms Secured by Property. Current value of th portion you own? \$0.00
you own I own Cars, N Y 3.1.	own, lease, or have that someone else of that someone else of the trucks, tractor of the someone some some some some some some some som	SUBARU OUTBACK 2015 90000 DN than one, descr	able interes ase a vehicle ity vehicles,	who has an interest in the property? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one.	Do not deduct secured class the amount of any secure Creditors Who Have Clair Current value of the entire property? \$ 13,000.00	aims or exemptions. Put ad claims on Schedule D: ms Secured by Property. Current value of th portion you own? \$ 0.00 alims or exemptions. Put d claims on Schedule D:
you our own Cars, N Y Y Y Y	own, lease, or have that someone else of that someone else of the vans, trucks, tractor of es. Make: Model: Year: Approximate milear Other information: GOOD CONDITION own or have more that the control of the control	e legal or equit drives. If you lead tors, sport utili SUBARU OUTBACK 2015 90000 ON than one, descr FORD FOCUS 2015	able interes ase a vehicle ity vehicles,	who has an interest in the property? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one.	Do not deduct secured class the amount of any secure Creditors Who Have Clair Current value of the entire property? \$ 13,000.00 Do not deduct secured class the amount of any secure Creditors Who Have Clair Current value of the	aims or exemptions. Put id claims on Schedule D: ms Secured by Property. Current value of th portion you own? \$ 0.00 aims or exemptions. Put id claims on Schedule D: ms Secured by Property. Current value of the
you own I own Cars, N Y 3.1.	own, lease, or have that someone else of that someone else of the trucks, tractor of the someone some some some some some some some som	e legal or equit drives. If you lead tors, sport utili SUBARU OUTBACK 2015 90000 ON than one, descr FORD FOCUS 2015	able interes ase a vehicle ity vehicles,	who has an interest in the property? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one.	Do not deduct secured class the amount of any secure Creditors Who Have Clair Current value of the entire property? \$ 13,000.00 Do not deduct secured class the amount of any secure Creditors Who Have Clair	aims or exemptions. Put id claims on Schedule D: ms Secured by Property. Current value of th portion you own? \$ 0.00 aims or exemptions. Put d claims on Schedule D: ms Secured by Property.

ZACHARY

WILLIAM

CHRIS

.3.	Make:	Who has an interest in the property? Check one. Debtor 1 only	Do not deduct secured cla the amount of any secured	d claims on Schedule D:
	Model:	Debtor 2 only	Creditors Who Have Clain	ns Secured by Property.
	Year:	Debtor 1 and Debtor 2 only	Current value of the	Current value of the
	Approximate mileage:	At least one of the debtors and another	entire property?	portion you own?
	Other information:			
		☐ Check if this is community property (see instructions)	\$	\$
4.	Make:	Who has an interest in the property? Check one.	Do not deduct secured cla	
	Model:	Debtor 1 only	the amount of any secure Creditors Who Have Clain	
	Year:	Debtor 2 only		
		Debtor 1 and Debtor 2 only	Current value of the entire property?	Current value of the portion you own?
	Approximate mileage:	At least one of the debtors and another	citilo proporty.	portion you out.
	Other information:	☐ Check if this is community property (see	\$	\$
		instructions)		
an N	nples: Boats, trailers, motors, personal water o	ther recreational vehicles, other vehicles, and acces craft, fishing vessels, snowmobiles, motorcycle accesso		
n N Y	nples: Boats, trailers, motors, personal water o			d claims on Schedule D:
<i>(am</i> I N I Y Y 1.	mples: Boats, trailers, motors, personal water to es Make: TRIUMPH Model: SPEED TRIPLE Year: 2014 Other information:	Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see	Do not deduct secured cla the amount of any securer Creditors Who Have Clain Current value of the entire property?	d claims on Schedule D: ns Secured by Property. Current value of the portion you own? \$ 1,007.06
xam N Y 1 Y	mples: Boats, trailers, motors, personal water to es Make: TRIUMPH Model: SPEED TRIPLE Year: 2014 Other information: GOOD CONDITION own or have more than one, list here: Make: RANGER Model: Year: 1987	Who has an interest in the property? Check one. ☑ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this is community property (see instructions) Who has an interest in the property? Check one. ☑ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ Debtor 1 and Debtor 2 only	Do not deduct secured clathe amount of any securer Creditors Who Have Clain Current value of the entire property? \$ 4,500.00 Do not deduct secured clathe amount of any securer Creditors Who Have Clain Current value of the	Current value portion you ov \$ 1,000 claims or exemptions d claims on Scheduns Secured by Proportion Current value

WILLIAM

First Name

Debtor 1

CHRIS

Middle Name

ZACHARY

Last Name

WILLIAM First Name

CHRIS Middle Name

ZACHARY Last Name

Case	number	(if known)
Odsc	Hullinger	(II KIIOISII)_

Do you own or ha	ave any legal or equitable interest in any of the following items?	Current value of the portion you own? Do not deduct secured claims or exemptions.
6. Household go	ods and furnishings	
Examples: Maj	or appliances, furniture, linens, china, kitchenware	
☐ No ☑ Yes, Descr	ibe BEDDING, MICROWAVE	\$300.00
7. Electronics		
Examples: Tel	evisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; musi ections; electronic devices including cell phones, cameras, media players, games	ic
☐ No		
Yes. Descr	ibe CELLPHONE, TV	\$650.00
8. Collectibles of	f value	
sta	iques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; mp, coin, or baseball card collections; other collections, memorabilia, collectibles	
☑ No ☐ Yes. Descr	ibe	\$
9. Equipment for	sports and hobbies	
Examples: Spo and	orts, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; cano I kayaks; carpentry tools; musical instruments	es
□ No		
✓ Yes. Descr	ibe FISHING EQUIPMENT	\$
☐ No	ibe SMITH AND WESSON SHIELD PLUS 9 MM	\$400.00
44 Clathan		
11. Clothes Examples: Eve	eryday clothes, furs, leather coats, designer wear, shoes, accessories	
	ibe CLOTHES	\$
	eryday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems d, silver	,
	ibeWATCH, WEDDING RINGS	\$440.00
13. Non-farm anin <i>Examples:</i> Dog	nals gs, cats, birds, horses	
☑ No ☐ Yes. Descr	ibe	\$
14. Any other pers	sonal and household items you did not already list, including any health aids you did not list	
✓ No		
Yes, Give sinformation		\$\$
	value of all of your entries from Part 3, including any entries for pages you have attached	\$ 2,190.00
for Part 3. Wri	te that number here	7

WILLIAM First Name CHRIS Middle Name

ZACHARY	
Last Name	

Case number (if known)_

Part 4: Describe Your Financial Assets

Do you own or have any l	egal or equitable interest in a	any of the following?	Current value of the portion you own? Do not deduct secured claims or exemptions.
16. Cash <i>Examples:</i> Money you h	nave in your wallet, in your hom	e, in a safe deposit box, and on hand when you file your petiti	on
□ No			
☑ Yes		Cash:	\$\$
and other sir	avings, or other financial accou milar institutions. If you have m	nts; certificates of deposit; shares in credit unions, brokerage ultiple accounts with the same institution, list each.	houses,
☐ No ☑ Yes		Institution name:	
	17.1. Checking account:	KTVAECU,	\$\$
	17.2. Checking account:		\$
	17.3. Savings account:		\$
	17.4. Savings account:		\$
	17.5, Certificates of deposit:		\$
	17.6. Other financial account:	VENMO	\$ 1.00
	17.7. Other financial account:	PAYPAL	\$1.00
	17.8. Other financial account:		\$
	17.9. Other financial account:		 \$
18. Bonds, mutual funds, o Examples: Bond funds, i ☑ No ☐ Yes	•	erage firms, money market accounts	 \$
			\$
			\$
an LLC, partnership, a ☑ No ☑ Yes. Give specific	nd joint venture Name of entity:	rated and unincorporated businesses, including an interest % of owners	
information about them			% \$
			% \$

20. Government and co	orporate bond	s and other neg	otiable and non man				
Negotiable instrume	nts include pers	sonal checks, cas	Shiers' checks, promis	Jotiable instruments ssory notes, and money			
ivon-педоцаble instr	uments are tho	se you cannot tra	ansfer to someone by	ssory notes, and money or signing or delivering the	orders, m.		
∠ No				3 410			
Yes. Give specific	c Issuer nam	ne:					
information about them	t						
						\$	
						 \$	
						\$	
1. Retirement or pensi	On accounts					-	
Examples: Interests in	n IRA, ERISA. k	Keoah 401(k) 40)2/b) 4b=i#				
☑ No	, ,,,	190g.i, 401(k), 40	(b), thritt savings ac	ccounts, or other pension	or profit-sharing p	lans	
Yes. List each							
account separately	y. Type of acco	ount: Institution	on name;				
	401(k) or simi						
		-				\$	
	Pension plan:						
	IRA:					,	
	Retirement ac					\$	
	Keogh:					\$	
	_	-				\$	
	Additional acco	ount:					
						¢	
Security deposits and	Additional acco						
Your share of all unused Examples: Agreements companies, or others	prepayments	havo mode U					
Your share of all unused Examples: Agreements companies, or others	prepayments	havo mode U					
Your share of all unused Examples: Agreements companies, or others No	prepayments	have made so tha prepaid rent, pub	at you may continue s olic utilities (electric, g				
Your share of all unused Examples: Agreements companies, or others No	prepayments	have made so tha prepaid rent, pub Institution nam	at you may continue s blic utilities (electric, g ne or individual:	service or use from a con las, water), telecommunio			
Your share of all unused Examples: Agreements companies, or others No	prepayments d deposits you h with landlords,	have made so tha prepaid rent, pub Institution nam	at you may continue s olic utilities (electric, g	service or use from a con las, water), telecommunio			
Your share of all unused Examples: Agreements companies, or others No	prepayments d deposits you h with landlords, Electric: Gas:	have made so tha prepaid rent, pub Institution nam	at you may continue s blic utilities (electric, g ne or individual:	service or use from a con las, water), telecommunio			
Your share of all unused Examples: Agreements companies, or others No Yes	prepayments d deposits you h with landlords, Electric: Gas: Heating oil:	have made so that prepaid rent, pub Institution nam	at you may continue s olic utilities (electric, g ne or individual: LE UTILITY BOA	service or use from a con las, water), telecommunio	npany cations		
Your share of all unused Examples: Agreements companies, or others No Yes	prepayments d deposits you h with landlords, Electric: Gas: Heating oil: Security deposit	have made so that prepaid rent, pub Institution nam KNOXVILI	at you may continue s olic utilities (electric, g ne or individual: LE UTILITY BOA	service or use from a con las, water), telecommunio	npany cations		75.00
Your share of all unused Examples: Agreements companies, or others No Yes	prepayments d deposits you h with landlords, Electric: Gas: Heating oil: Security deposit Prepaid rent:	have made so that prepaid rent, pub Institution nam KNOXVILI	at you may continue s olic utilities (electric, g ne or individual: LE UTILITY BOA	service or use from a con las, water), telecommunio	npany cations	\$\$ \$\$ \$\$	75.0 300.00
Your share of all unused Examples: Agreements companies, or others No Yes	prepayments d deposits you h with landlords, Electric: Gas: Heating oil: Security deposit Prepaid rent: Telephone:	have made so that prepaid rent, pub Institution nam KNOXVILI	at you may continue s olic utilities (electric, g ne or individual: LE UTILITY BOA	service or use from a con las, water), telecommunio	npany cations	\$\$ \$\$ \$\$	75.0 300.00 900.00
Your share of all unused Examples: Agreements companies, or others No Yes	prepayments d deposits you h with landlords, Electric: Gas: Heating oil: Security deposit Prepaid rent:	have made so that prepaid rent, pub Institution nam KNOXVILI	at you may continue s olic utilities (electric, g ne or individual: LE UTILITY BOA	service or use from a con las, water), telecommunio	npany cations	\$\$ \$\$ \$\$	75.00 300.00
Your share of all unused Examples: Agreements companies, or others No Yes	prepayments d deposits you h with landlords, Electric: Gas: Heating oil: Security deposit Prepaid rent: Telephone:	have made so the prepaid rent, pub Institution nam KNOXVILI	at you may continue s olic utilities (electric, g ne or individual: LE UTILITY BOA	service or use from a con las, water), telecommunio	npany cations	\$\$ \$\$ \$\$ \$\$	75.0 300.00 900.00
Your share of all unused Examples: Agreements companies, or others No Yes	prepayments d deposits you h with landlords, Electric: Gas: Heating oil: Security deposit Prepaid rent: Telephone: Water:	have made so the prepaid rent, pub Institution nam KNOXVILI	at you may continue s olic utilities (electric, g ne or individual: LE UTILITY BOA	service or use from a con las, water), telecommunio	npany cations	\$\$ \$\$ \$\$ \$\$	75.00 300.00 900.00
Your share of all unused Examples: Agreements companies, or others No Yes	prepayments d deposits you h with landlords, Electric: Gas: Heating oil: Security deposit Prepaid rent: Telephone: Water: Rented furniture:	have made so the prepaid rent, pub Institution nam KNOXVILI	at you may continue s olic utilities (electric, g ne or individual: LE UTILITY BOA	service or use from a con las, water), telecommunio	npany cations	\$\$ \$\$ \$\$ \$\$	75.00 300.00 900.00
Your share of all unused Examples: Agreements companies, or others No Yes	prepayments d deposits you it with landlords, Electric: Gas: Heating oil: Security deposit Prepaid rent: Telephone: Water: Rented furniture: Other:	have made so that prepaid rent, pub Institution nam KNOXVILI on rental unit: EM EMERSON	at you may continue solic utilities (electric, gone or individual: LE UTILITY BOA MERSON ,	service or use from a con pas, water), telecommunio	npany cations	\$\$ \$\$ \$\$ \$\$	75.00 300.00 900.00
Your share of all unused Examples: Agreements companies, or others No Yes	prepayments d deposits you it with landlords, Electric: Gas: Heating oil: Security deposit Prepaid rent: Telephone: Water: Rented furniture: Other:	have made so that prepaid rent, pub Institution nam KNOXVILI on rental unit: EM EMERSON	at you may continue solic utilities (electric, gone or individual: LE UTILITY BOA MERSON ,	service or use from a con pas, water), telecommunio	npany cations	\$\$ \$\$ \$\$ \$\$	75.00 300.00 900.00
No Yes	prepayments d deposits you h with landlords, Electric: Gas: Heating oil: Security deposit Prepaid rent: Telephone: Water: Rented furniture: Other:	have made so that prepaid rent, pub Institution nam KNOXVILI on rental unit: EN EMERSON	at you may continue solic utilities (electric, gone or individual: LE UTILITY BOA MERSON ,	service or use from a con pas, water), telecommunio	npany cations	\$\$ \$\$ \$\$ \$\$	
Your share of all unused Examples: Agreements companies, or others No Yes	prepayments d deposits you it with landlords, Electric: Gas: Heating oil: Security deposit Prepaid rent: Telephone: Water: Rented furniture: Other:	have made so that prepaid rent, pub Institution nam KNOXVILI on rental unit: EN EMERSON	at you may continue solic utilities (electric, gone or individual: LE UTILITY BOA MERSON ,	service or use from a con pas, water), telecommunio	npany cations	\$\$ \$\$ \$\$ \$\$	75.00 300.00 900.00
Your share of all unused Examples: Agreements companies, or others No Yes	prepayments d deposits you h with landlords, Electric: Gas: Heating oil: Security deposit Prepaid rent: Telephone: Water: Rented furniture: Other:	have made so that prepaid rent, pub Institution nam KNOXVILI on rental unit: EN EMERSON	at you may continue solic utilities (electric, gone or individual: LE UTILITY BOA MERSON ,	service or use from a con pas, water), telecommunio	npany cations	\$\$ \$\$ \$\$ \$\$	75.00 300.00 900.00

WILLIAM

CHRIS

ZACHARY

Debtor 1

4. Interests in an education IRA, in an account in 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).	a qualified ABLE program, or under a qualified state tuition program.	
✓ No		
D.V.	and the minimum Community file the annual of any interests 44 H C C S E24/	٠١.
Institution name	and description. Separately file the records of any interests.11 U.S.C. § 521(s):
***************************************		\$
		\$
		\$
Trusts, equitable or future interests in proper exercisable for your benefit	y (other than anything listed in line 1), and rights or powers	
☑ No		
Yes. Give specific information about them		\$0.00
Patents, copyrights, trademarks, trade secret	s, and other intellectual property	
Examples: Internet domain names, websites, pro	ceeds from royalties and licensing agreements	
☑ No		
☐ Yes. Give specific		\$ 0.00
information about them		\$
information about them		Current value of the portion you own? Do not deduct secured claims or exemptions.
Tax refunds owed to you		
☑ No		
☐ Yes. Give specific information	Federal:	\$
about them, including whether		¢
you already filed the returns and the tax years	State:	a
·	Local:	ა
Family support	all and a self-decimal and a sel	a m å
	al support, child support, maintenance, divorce settlement, property settleme	an.
☑ No		
Yes. Give specific information	Alimony:	\$
	Maintenance:	\$
	Support:	\$
	Divorce settlement:	\$
	Property settlement:	\$
Other amounts someone owes you Examples: Unpaid wages, disability insurance pa Social Security benefits; unpaid loans	syments, disability benefits, sick pay, vacation pay, workers' compensation, you made to someone else	
	· · · · · · · · · · · · · · · · · · ·	
•		
☑ No ☐ Yes. Give specific information		s 0.0

WILLIAM

Debtor 1

CHRIS

Deptor 1	First Name	Middle Name	Last Name	Case Humber (# known)	
	s in insurance	•			
•	s: Health, disa	ability, or life insurar	nce;health savings account (HS	SA);credit, homeowner's, or renter's insurance	
☑ No					
		urance company and list its value	Company name:	Beneficiary:	Surrender or refund value:
	,				\$
					\$
			***************************************		\$
					Ψ
If you are property	e the beneficia	-	from someone who has died expect proceeds from a life inst	urance policy, or are currently entitled to receive	
☑ No	Chra annaith	information			
La res.	Give specific	information			\$0.00
					!
			r not you have filed a lawsuit es, insurance claims, or rights t	o sue	
	Doscribo cool	h claim			
LI TES.	Describe each	n Claim			\$0.00
4. Other co to set of		unliquidated clair	ns of every nature, including	counterclaims of the debtor and rights	
	Describe each	h claim,			
— 165,	Describe each	1 Claii11,			\$0.00
No No	_	you did not alread			\$
				entries for pages you have attached	1,454.00
for Part	4. Write that i	number nere			\$
art 5:	Describe A	Any Business-	Related Property You	Own or Have an Interest In. List any r	eal estate in Part 1.
7. Do vou c	wn or have a	iny legal or equital	ole interest in any business-	related property?	
_ •	So to Part 6.		•	,	
☐ Yes.	Go to line 38.				
					Current value of the portion you own? Do not deduct secured claims or exemptions.
Account	e rocaivable (or commissions ye	u already earned		·
No No	S receivable (o. Johnmaalona ye	ou anoung curilon		
	Describe				
100,	_ 000/100				\$
		nishings, and sup	plies	achines, rugs, telephones, desks, chairs, electronic devices	
☐ No					r g
Yes.	Describe				\$
	1				

WILLIAM

Debtor 1

CHRIS

Debtor 1	WILLIAM	CHRIS	ZACHARY	Case number (if known)	
222101 1	First Name	Middle Name	Last Name		
			all a consistence to be a fine for	toolo of varieties	
	-	equipment, sup	plies you use in business, and	tools of your trade	
☐ No	s. Describe				
La res	s. Describe				\$
41. Invento					
	s. Describe				\$
42. Interes	ts in partnersh	nips or joint ve	ntures		
☐ No					
☐ Yes	s. Describe	Name of entity	:	% of ownership:	
				%	\$
				%	\$
				%	\$
10 Custs			er compilations		
43. Custon		ng lists, or oth	er compliations		
☐ Yes	s. Do your lists	s include perso	nally identifiable information (a	s defined in 11 U.S.C. § 101(41A))?	
	☐ No	pa,			on many
	Yes. Des	cribe			\$
44. Any bu	ısiness-related	l property you	did not already list		
☐ No					
	s. Give specific				\$
					\$
					\$
					\$
					\$
					\$
4= A 3 3 4b		- f - U - f	-tules from Dout E including on	centrice for pages you have attached	
				/ entries for pages you have attached	\$ <u>0</u>
	7				
Part 6:	Describe A	ny Farm- and	Commercial Fishing-Relate	ed Property You Own or Have an Interest	In.
	If you own o	r have an inter	est in farmland, list it in Part 1.		
46. Do vou	own or have a	anv legal or eg	uitable interest in any farm- or c	commercial fishing-related property?	
	. Go to Part 7.	, ,	•		
☐ Yes	s. Go to line 47.				
					Current value of the portion you own?
					Do not deduct secured claims
47. Farm a	nimale				or exemptions.
		poultry, farm-rai	sed fish		
☐ No		•			
☐ Yes	\$				
		And the second			¢

WILLIAM

CHRIS

48. Crops—either growing or harvested No	\$\$
No Yes. Give specific Information	\$
Yes. Give specific information	\$
49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade No	\$
49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade No	\$
No Yes. So. Farm and fishing supplies, chemicals, and feed No No Yes. So. Farm and fishing supplies, chemicals, and feed No Yes. So. Farm and commercial fishing-related property you did not already list No Yes. Give specific Information. So. Farm and commercial fishing-related property you did not already list So. Farm and commercial fishing-related property you did not already list So. Farm and commercial fishing-related property you did not already list So. Farm and commercial fishing-related property you did not already list? So. Farm and fishing-related property of any kind you did not already list? So. Farm and fishing-related property. Iline 45 So. Farm and fishing-related property, line 45 So. Farm and fishing-related property, line 45 So. Farm and fishing-related property, line 52 So. Farm and fishing-related property and list of line and fishing-related property and list of list of line	\$
Yes So. Farm and fishing supplies, chemicals, and feed No No Yes No Yes So. Farm and commercial fishing-related property you did not already list No Yes Give specific Information. So. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attered for Part 6. Write that number here So. Add the dollar value of all of your entries from Part 7. Describe All Property You Own or Have an Interest in That You Did No So.	\$
50. Farm and fishing supplies, chemicals, and feed No	\$
50. Farm and fishing supplies, chemicals, and feed No	\$
No Yes. Sive specific information. Seach Part of this Form	and the second of the second o
Solution No Yes. Sive specific information. Sixamples: Season tickets, country club membership Yes. Give specific information. Sixamples: Season tickets, country club membership Yes. Give specific information. Sixamples: Season tickets, country club membership Yes. Give specific information.	The second of th
51. Any farm- and commercial fishing-related property you did not already list No Yes. Give specific information	
51. Any farm- and commercial fishing-related property you did not already list No Yes. Give specific information	
No Yes. Give specific information	
No Yes. Give specific information	
Yes. Give specific information	\$
52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attributed for Part 6. Write that number here. Part 7: Describe All Property You Own or Have an Interest in That You Did No. 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership No. Yes. Give specific information	
52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attributed for Part 6. Write that number here. Part 7: Describe All Property You Own or Have an Interest in That You Did No. 33. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership No. Yes. Give specific information	
Part 7: Describe All Property You Own or Have an Interest in That You Did Notes and the state of any but entries from Part 6, including any entries for pages you have attended in the state of the stat	
Part 7: Describe All Property You Own or Have an Interest in That You Did No. 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership No Yes. Give specific information	\$
Part 7: Describe All Property You Own or Have an Interest in That You Did Notes 25. 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership No Yes. Give specific information	ached \$ 0.0
And the dollar value of all of your entries from Part 7. Write that number here List the Totals of Each Part of this Form Part 1: Total real estate, line 2 Part 2: Total vehicles, line 5 Part 3: Total personal and household items, line 15 Part 4: Total financial assets, line 36 Part 5: Total business-related property, line 45 Part 6: Total farm- and fishing-related property, line 52 art 7: Total other property not listed line 54 Part 7: Total other property not listed line 54	→ 0.0
And the dollar value of all of your entries from Part 7. Write that number here List the Totals of Each Part of this Form Part 1: Total real estate, line 2 Part 2: Total vehicles, line 5 Part 3: Total personal and household items, line 15 Part 4: Total financial assets, line 36 Part 5: Total business-related property, line 45 Part 6: Total farm- and fishing-related property, line 52 art 7: Total other property not listed line 54 Part 7: Total other property not listed line 54	
Add the dollar value of all of your entries from Part 7. Write that number here List the Totals of Each Part of this Form Part 1: Total real estate, line 2 Part 2: Total vehicles, line 5 Part 3: Total personal and household items, line 15 Part 4: Total financial assets, line 36 Part 5: Total business-related property, line 45 Part 6: Total farm- and fishing-related property, line 52 Sart 7: Total other property not listed line 54	\$ \$ \$
Part 1: Total real estate, line 2 Part 2: Total vehicles, line 5 Part 3: Total personal and household items, line 15 Part 4: Total financial assets, line 36 Part 5: Total business-related property, line 45 Part 6: Total farm- and fishing-related property, line 52 Part 7: Total other property not listed line 54	Ψ
Part 1: Total real estate, line 2 Part 2: Total vehicles, line 5 Part 3: Total personal and household items, line 15 Part 4: Total financial assets, line 36 Part 5: Total business-related property, line 45 Part 6: Total farm- and fishing-related property, line 52 Part 7: Total other property not listed line 54	\$0.00
Part 1: Total real estate, line 2 Part 2: Total vehicles, line 5 \$ 2,214.06 Part 3: Total personal and household items, line 15 \$ 2,190.00 Part 4: Total financial assets, line 36 Part 5: Total business-related property, line 45 Part 6: Total farm- and fishing-related property, line 52 S 0.00 art 7: Total other property not listed line 54	
Part 1: Total real estate, line 2 Part 2: Total vehicles, line 5 \$ 2,214.06 Part 3: Total personal and household items, line 15 \$ 2,190.00 Part 4: Total financial assets, line 36 Part 5: Total business-related property, line 45 Part 6: Total farm- and fishing-related property, line 52 S 0.00 art 7: Total other property not listed line 54	
Part 3: Total personal and household items, line 15 Part 4: Total financial assets, line 36 Part 5: Total business-related property, line 45 Part 6: Total farm- and fishing-related property, line 52 Solution 15 Solution 1	
Part 3: Total personal and household items, line 15 Part 4: Total financial assets, line 36 Part 5: Total business-related property, line 45 Part 6: Total farm- and fishing-related property, line 52 Solution 15 Solution 1	
Part 3: Total personal and household items, line 15 Part 4: Total financial assets, line 36 Part 5: Total business-related property, line 45 Part 6: Total farm- and fishing-related property, line 52 Solution 15: Total other property not listed line 54	·····································
Part 4: Total financial assets, line 36 \$	
Part 4: Total financial assets, line 36 \$ 1,454.00 Part 5: Total business-related property, line 45 \$ 0 Part 6: Total farm- and fishing-related property, line 52 \$ 0.00 art 7: Total other property not listed line 54	
Part 5: Total business-related property, line 45 \$0 Part 6: Total farm- and fishing-related property, line 52 \$000 art 7: Total other property not listed line 54	
Part 6: Total farm- and fishing-related property, line 52 \$0.00	
Part 6: Total farm- and fishing-related property, line 52 \$0.00	
art 7: Total other property not listed line 54	
art 7: Total other property not listed line 54	
+\$ 0.00	
Otal nove and the second secon	
otal personal property. Add lines 56 through 61 \$\$\$	
Copy personal pro	
	operty total → + \$5,858.06
otal of all property on Schedule A/B. Add line 55 + line 62	
ial Form 106A/B	

Fill in this in	formation to ide	ntify your case:		
Debtor 1	WILLIAM	CHRIS	ZACHARY	
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse, if filing)	First Name	Middle Name	Last Name	
United States I	Bankruptcy Court for	the: EASTERN DISTRICT	OF TENNESSEE	
Case number				☐ Check if this is all amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

04/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds-may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

		iming state and federal nonban iming federal exemptions. 11 U		U.S.C. § 522(b)(3)	
2.	For any proper	ty you list on <i>Schedule A/B</i> t	hat you claim as exemp	ot, fill in the information below.	
		on of the property and line on that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
			Copy the value from Schedule A/B	Check only one box for each exemption.	
	Brief description: Line from Schedule A/B:	AUTOMOBILE, GOOD CONDITION 3.1	\$0.00	\$0.00 100% of fair market value, up to any applicable statutory limit	Tenn. Code Ann. § 26-2-103
	Brief description: Line from Schedule A/B:	AUTOMOBILE, FAIR CONDITION 3.2	\$407.00	\$0.00 100% of fair market value, up to any applicable statutory limit	Tenn. Code Ann. § 26-2-103
	Brief description: Line from Schedule A/B:	OTHER, GOOD CONDITION 4.1	\$1,007.06	\$4,000.00 100% of fair market value, up to any applicable statutory limit	Tenn. Code Ann. § 26-2-103
3.	(Subject to adjust No	·	years after that for cases	s filed on or after the date of adjustment. 1,215 days before you filed this case?)

WILLIAM First Name CHRIS Middle Name ZACHARY

Last Name

Case number (if known)_____

Part 2:

Additional Page

Brief description of the property and line on Schedule A/B that lists this property		Current value		Amount of the exemption you claim	Specific laws that allow exemption
		Copy the valu Schedule A/B		Check only one box for each exemption	
Brief description:	OTHER, POOR CONDITION	\$	800.00	2 \$800.00	Tenn. Code Ann. § 26-2-103
Line from Schedule A/B:	4.2			☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:	HOUSEHOLD, BEDDING	\$	200.00	\$	Tenn, Code Ann. § 26-2-103
Line from Schedule A/B:	6			☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:	HOUSEHOLD, MICROWAVE	\$	100.00	\$100.00	Tenn. Code Ann. § 26-2-103
Line from Schedule A/B:	6			☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:	ELECTRONICS, CELLPHONE	\$	400.00	E \$	Tenn. Code Ann. § 26-2-103
Line from Schedule A/B:	7			☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:	ELECTRONICS, TV	\$	250.00	S 250.00	Tenn. Code Ann. § 26-2-103
Line from Schedule A/B:	7			☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:	SPORTS OR HOBBY EQUIPMENT, FI	IS \$	200.00	S \$	Tenn. Code Ann. § 26-2-103
Line from Schedule A/B:	9			☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:	FIREARMS, SMITH AND WESSON SH	^{-11E} \$	400.00	\$	Tenn. Code Ann. § 26-2-103
Line from Schedule A/B:	_10			☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:	CLOTHES	\$	200,00	5 \$	Tenn. Code Ann. § 26-2-104
Line from Schedule A/B:	11			☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:	JEWELRY, WATCH	\$	400.00	\$	Tenn. Code Ann. § 26-2-103
Line from Schedule A/B:	12			☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:	JEWELRY, WEDDING RINGS	\$	40.00	5 40.00	Tenn. Code Ann. § 26-2-103
Line from Schedule A/B:	_12			☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:	CASH	\$	40.00	5 \$	Tenn. Code Ann. § 26-2-103
Line from Schedule A/B:	16			☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:	CHECKING ACCOUNT, KTVAECU	\$	137.00	½ \$	Tenn. Code Ann. § 26-2-103
Line from	17			☐ 100% of fair market value, up to any applicable statutory limit	

WILLIAM First Name CHRIS Middle Name ZACHARY Last Name

Case number (if known)____

Part 2:

Additional Page

Brief description of the property and line on Schedule A/B that lists this property		Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B	Check only one box for each exemption	
Brief description:	OTHER FINANCIAL ACCOUNT, VENMO	\$1.00	¥ \$	Tenn. Code Ann. § 26-2-103
Line from Schedule A/B:	<u>17</u>		☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:	OTHER FINANCIAL ACCOUNT, PAYPA	\$1.00	☑ \$1.00_	Tenn, Code Ann. § 26-2-103
Line from Schedule A/B:	<u>17</u>		☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:	DEPOSIT, KNOXVILLE UTILITY BOARD	\$	☑ \$	Tenn. Code Ann. § 26-2-103
Line from Schedule A/B:	22		any applicable statutory limit	
Brief description:	DEPOSIT, EMERSON	\$	\$300.00	Tenn, Code Ann. § 26-2-103
Line from Schedule A/B:	22		☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:	DEPOSIT, EMERSON	\$	900.00	Tenn. Code Ann. § 26-2-103
Line from Schedule A/B:	22		☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:	- Android Control of C	\$	- \$	
Line from Schedule A/B:			☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:		\$	<u> </u>	
Line from Schedule A/B:			☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:	Name and the second of the sec	\$		
Line from Schedule A/B:			☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:		\$	□ \$ □ 100% of fair market value, up to	
Line from Schedule A/B:			any applicable statutory limit	
Brief description:		\$		
Line from Schedule A/B:			☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:		\$	□ \$	
Line from Schedule A/B:			☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:		\$	<u> </u>	
Line from Schedule A/B:			☐ 100% of fair market value, up to any applicable statutory limit	

Debtor 1	WILLIAM	CHRIS	ZACHARY
•	First Name	Middle Name	Last Name
Debtor 2			
(Spouse, if filing)	First Name	Middle Name	Last Name
Case number	Bankruptcy Court for	uro.	

1. Do any creditors have claims secured by your property?

☐ Check if this is an amended filing

Schedule D: Creditors Who Have Claims Secured by Property

No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

Yes, Fill in all of the information below. Part 1: List All Secured Claims				
List all secured claims. If a creditor has n for each claim. If more than one creditor h	nore than one secured claim, list the creditor separately as a particular claim, list the other creditors in Part 2. nabetical order according to the creditor's name.	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
2.1 ORNL CU	Describe the property that secures the claim:	\$ 22,070.00	\$ 13,000.00 s	9,070.00
Creditor's Name PO BOX 365 Number Street	AUTOMOBILE OUTBACK SUBARU			
OAK RIDGE TN 37830 City State ZIP Code	As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed	.1		
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt	 ✓ An agreement you made (such as mortgage or secured car loan) ☐ Statutory lien (such as tax lien, mechanic's lien) ☐ Judgment lien from a lawsuit ☐ Other (including a right to offset) 	-		
Date debt was incurred 11/1/22	Last 4 digits of account number 0006		ende vener er elmer en sterr er elde og indre den tillgrede til flyngeden er elde udergeje ing sæ	THE Plants III Latter has been been a specific by the specific by the second
KTVA	Describe the property that secures the claim:	\$ <u>1,186.00</u>	\$ <u>2,000.00</u>	0.00
Creditor's Name PO BOX 36027 Number Street	AUTOMOBILE FOCUS FORD			
KNOXVILLE TN 37930 City State ZIP Code	As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt	An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset)			
Date debt was incurred 11/1/22	Last 4 digits of account number 4102			
	Column A on this page. Write that number here:	23.256.00		

WILLIAM

CHRIS

ZACHARY

Case number (if known)

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Additional Page

Column A

Column B

Column C

Part 1:	by 2.4, and so forth.			Amount of claim Do not deduct the value of collateral,	Value of collateral that supports this claim	Unsecured portion If any
	EEDOM ROAD FIN	NANCIAL	Describe the property that secures the claim:	\$3,492.94	\$ 4,500.00	<u>\$0.00</u>
PO BOX 4597 Number Street			OTHER SPEED TRIPLE TRIUMPH			
OA City	K BROOK IL	_	As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed	J		
De De At	wes the debt? Check on btor 1 only btor 2 only btor 1 and Debtor 2 only least one of the debtors an leck if this claim relates	nd another	Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset)	-		
	mmunity debt lebt was incurred <u>5/23</u>	3/23	Last 4 digits of account number 2856			
2.4 Credit	or's Name	**************************************	Describe the property that secures the claim:	\$	\$	\$
City Who o	er Street Stat Wes the debt? Check on		As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply.	J		
Del	btor 1 only btor 2 only btor 1 and Debtor 2 only least one of the debtors an	d another	An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset)			
COI	eck if this claim relates mmunity debt	i to a		-		
100000000000000000000000000000000000000	ebt was incurred	eralement area manual ama a cara mena tra	Last 4 digits of account number	ekalemak masenka aankenkenkenkenkalekalekalekankan daan era aan aan aan een era almaaa aa		
Credito	or's Name er Street		Describe the property that secures the claim:	s	\$	\$
City	Stat	le ZIP Code	As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed	J		
_	wes the debt? Check one	e.	Nature of lien. Check all that apply.			
Det Det At l	otor 1 only otor 2 only otor 1 and Debtor 2 only east one of the debtors and eck if this claim relates mmunity debt		□ An agreement you made (such as mortgage or secured car loan) □ Statutory lien (such as tax lien, mechanic's lien) □ Judgment lien from a lawsuit □ Other (including a right to offset)			
	ebt was incurred		Last 4 digits of account number			
	Add the dollar value o	of your entries	in Column A on this page. Write that number here:	s 3,492.94		
ı		of your form,	add the dollar value totals from all pages.	\$ 26,748.94		

Debtor 1	WILLIAM	CHRIS	ZACHARY
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse, if filing	First Name	Middle Name	Last Name
United States	Bankruptcy Court for	the: EASTERN DISTRICT	OF TENNESSEE

☐ Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Pa	rt 1: List All of Your PRIORITY Unsecure	ed Claims						
1.	Do any creditors have priority unsecured claims against you?							
	☑ No. Go to Part 2.							
	☐ Yes.							
	each claim listed, identify what type of claim it is. If nonpriority amounts. As much as possible, list the unsecured claims, fill out the Continuation Page of	editor has more than one priority unsecured claim, list the a claim has both priority and nonpriority amounts, list the claims in alphabetical order according to the creditor's new 1. If more than one creditor holds a particular claim	at claim here ar ame. If you have	nd show both p e more than tw	oriority and vo priority			
	(For an explanation of each type of claim, see the i	nstructions for this form in the instruction booklet.)						
	1		Total claim	Priority amount	Nonpriority amount			
2.1		Last 4 digits of account number	\$	\$	\$			
	Priority Creditor's Name	East 4 aights of association in the interest of the interest o						
		When was the debt incurred?						
	Number Street							
		As of the date you file, the claim is: Check all that apply	<i>t</i> .					
	City State ZIP Code	☐ Contingent						
		Unliquidated						
	Who incurred the debt? Check one.	☐ Disputed						
	Debtor 1 only							
	Debtor 2 only	Type of PRIORITY unsecured claim:						
	Debtor 1 and Debtor 2 only	☐ Domestic support obligations						
	At least one of the debtors and another	☐ Taxes and certain other debts you owe the government						
	☐ Check if this claim is for a community debt	Claims for death or personal injury while you were intoxicated						
	Is the claim subject to offset?	Other. Specify						
	Yes		•					
	Tes				a magna an tanga ana maaangga taa a maran at taa ay Nagaba dh			
2.2	Priority Creditor's Name	Last 4 digits of account number	\$	_ \$	\$			
	Priority Creditor's Name	When was the debt incurred?						
	Number Street							
	Number Succession	As of the date you file, the claim is: Check all that apply	<i>t.</i>					
		☐ Contingent						
	City State ZIP Code	Unliquidated						
	Who incurred the debt? Check one.	☐ Disputed						
	Debtor 1 only	·						
	Debtor 2 only	Type of PRIORITY unsecured claim:						
	Debtor 1 and Debtor 2 only	☐ Domestic support obligations						
	At least one of the debtors and another	Taxes and certain other debts you owe the government						
	☐ Check if this claim is for a community debt	 Claims for death or personal injury while you were intoxicated 						
	Is the claim subject to offset?	Other. Specify						
	□ No	-						
	□ vos							

WILLIAM First Name

CHRIS

ZACHARY

Case numb	er (if known)_	

After listing any entries on this page, number then	n beginning with 2.3, followed by 2.4, and so forth.	Total claim	Priority amount	Nonpriority amount
Priority Creditor's Name Number Street	Last 4 digits of account number	\$	\$	\$
Number Street	As of the date you file, the claim is: Check all that apply. □ Contingent			
City State ZIP Code Who incurred the debt? Check one.	☐ Unliquidated ☐ Disputed			
Debtor 1 only Debtor 2 only	Type of PRIORITY unsecured claim:			
Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt	□ Domestic support obligations □ Taxes and certain other debts you owe the government □ Claims for death or personal injury while you were intoxicated			
Is the claim subject to offset? ☐ No ☐ Yes	Other. Specify	MANORE (In the content of the conten	ÇÜZÜÜÜÜN VOORONOON AN ANNA KORSISSISSISSISSISSISSISSISSISSISSISSISSIS	Tallfolimisterlegisionalny applicationspaces
Priority Creditor's Name	Last 4 digits of account number	\$	\$	\$
Number Street	When was the debt incurred?			
City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another	As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated			
☐ Check if this claim is for a community debt Is the claim subject to offset? ☐ No ☐ Yes	Other. Specify			
Priority Creditor's Name Number Street	Last 4 digits of account number	\$	\$	\$
Number Street	As of the date you file, the claim is: Check all that apply.			
City State ZIP Code Who incurred the debt? Check one.	☐ Contingent☐ Unliquidated☐ Disputed☐			
 □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another 	Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were			
☐ Check if this claim is for a community debt	intoxicated Other. Specify			
Is the claim subject to offset? ☐ No ☐ Yes				

Debtor	1
--------	---

WILLIAM

CHRIS

ZΑ	C	H	4	₹	Y	

Case number (if known)

Part 2: List All of Your NONPRIORITY Unsecured Claims

	Do any creditors have nonpriority unsecured c					
4.	✓ Yes List all of your nonpriority unsecured claims in nonpriority unsecured claim, list the creditor separ included in Part 1. If more than one creditor holds claims fill out the Continuation Page of Part 2.	ately for each clain	n. For each claim listed, identify wh	at type of claim it is. Do not	list claims already	
					Total claim	
.1	AFFIRM		Last 4 digits of account number	5098	s 242.90	า
	Nonpriority Creditor's Name 650 CALIFORNIA STREET		When was the debt incurred?	7/8/23	\$ 242.30	<u>J</u>
	Number Street		-			
	SAN FRANCISCO CA City State	94108 ZIP Code	As of the date you file, the claim	is: Check all that apply.		
			☐ Contingent			
	Who incurred the debt? Check one.		Unliquidated			
	Debtor 1 only		☐ Disputed			
	Debtor 2 only Debtor 1 and Debtor 2 only		Type of NONPRIORITY unsec	ured claim:		
	At least one of the debtors and another		Student loans	arca ciaiiii.		
	☐ Check if this claim is for a community debt		Obligations arising out of a sepa	ration agreement or divorce		
	•		that you did not report as priority	/ claims		
	Is the claim subject to offset?		Debts to pension or profit-sharing Other, Specify CREDIT PA			
	Yes		Carlot. Opcomy			
2			Last 4 digits of account number	. 0568	\$ 8,056.00	ň
.2	CAP1 Nonpriority Creditor's Name		Last 4 digits of account number When was the debt incurred?	4 71721 —	\$ <u>0,000.00</u>	<u></u>
	PO BOX 85123		Trion was the about mountain			
	Number Street		-			
	RICHMOND VA	23285	As of the date you file, the claim	is: Check all that apply.		
	City State	ZIP Code	Contingent			
	Who incurred the debt? Check one.		☐ Unliquidated ☐ Disputed			
	Debtor 1 only Debtor 2 only		■ Diapateu			
	Debtor 1 and Debtor 2 only		Type of NONPRIORITY unsec	ured claim:		
	At least one of the debtors and another		Student loans			
	$f \Box$ Check if this claim is for a community debt		Obligations arising out of a sepa that you did not report as priority	v claims		
	Is the claim subject to offset?		Debts to pension or profit-sharing Other. Specify CREDIT CA	g plans, and other similar debts ΔRD		
	✓ No☐ Yes		Coller. Specify OTCLD11 O			
_			mana maanaga aandigaa andan maaaa aa amman mid aadiiniinii dadaa middii maamiidan middiida aa aadaa fal	tisa arangis di sesantiti paman, munan est den mantanant, a muna anti deta de la strancia entirade e	erine out annum provide a resumble and a summer provides and a summer of the contract of the c	garan and
.3	CBNA Nonpriority Creditor's Name		Last 4 digits of account number		s 750.00)
	811 EAST 10TH STREET		When was the debt incurred?	11/1/21	*	_
	Number Street		-			
	SIOUX FALLS SD City State	57103 ZIP Code	As of the date you file, the claim	is: Check all that apply.		
	Who incurred the debt? Check one.		☐ Contingent			
	Debtor 1 only		Unliquidated			
	Debtor 2 only		☐ Disputed			
	Debtor 1 and Debtor 2 only		Type of NONPRIORITY unsect	ured claim:		
	At least one of the debtors and another		Student loans			
	☐ Check if this claim is for a community debt		Obligations arising out of a sepa that you did not report as priority			
	Is the claim subject to offset?		Debts to pension or profit-sharin	g plans, and other similar debts		
	Yes		Other, Specify <u>CREDIT C</u>	ARD		

WILLIAM First Name CHRIS

ZACHARY

Case number (if known)

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Afte	r listing any entries on this page, nu	mber the	m beginning with	4.4, followed by 4.5, and so forth.	Total claim
4.4	CCB/ACADMY			Last 4 digits of account number 4469	s 749.00
	Nonpriority Creditor's Name			- 5/1/07	*
	PO BOX 183003			When was the debt incurred? 5/1/24	
	Number Street	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	COLUMBUS	ОН	43218	As of the date you file, the claim is: Check all that apply.	
	City	State	ZIP Code	Contingent	
				Unliquidated	
	Who incurred the debt? Check one.			☐ Disputed	
	Debtor 1 only				
	Debtor 2 only			Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only			☐ Student loans	
	At least one of the debtors and another			Obligations arising out of a separation agreement or divorce that	
	☐ Check if this claim is for a commu	nity debt		you did not report as priority claims	
		mity debt		Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?			Other, Specify CREDIT CARD	
	☑ No □ Yes				
	Yes				
4.5	ig gitantuninte en et montennistikeren kun kuntennen eksim en olem oli seketik onet etember om kuntente etember	erren gelek, erkegigeneksyerkelyek (d. 11.11 empl	ence, hi the eigenhaum and a mainte an teach and a the a habe design continuence a similar and a similar and a		_{\$} 2,997.00
	CCBANK/OPP			Last 4 digits of account number 0558	\$ <u>Z,337.00</u>
	Nonpriority Creditor's Name			When was the debt incurred? 12/1/24	
	PO BOX 5040			Which was the dept incurred: 12/1/21	
	Number Street			As of the date you file, the claim is: Check all that apply.	
	FREDRICKSBURG	VA State	22403 ZIP Code		
	City	Contingent			
	Who incurred the debt? Check one.			Unliquidated	
	_			☐ Disputed	
	Debtor 1 only				
	Debtor 2 only			Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only			☐ Student loans	
	At least one of the debtors and another			Obligations arising out of a separation agreement or divorce that	
	☐ Check if this claim is for a commun	nity debt		you did not report as priority claims	
	Is the claim subject to offset?	-		☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify PERSONAL LOAN	
				Other. Specify FERSONAL LOAN	
	☑ No □ Yes				
			ecta angenganan hawa-erka-akan han halikkin da-erk-bi		
4.6				Last 4 digits of account number 4086	\$ <u>806.00</u>
	CRDTONEBNK			<u></u>	
	Nonpriority Creditor's Name PO BOX 60500			When was the debt incurred? 2024	
	Number Street		91716-0500	As of the date you file, the claim is: Check all that apply.	
	CITY OF INDUSTRY	CA State	ZIP Code	Contingent	
	City	State	ZIF Code	· · · · · · · · · · · · · · · · · · ·	
	Who incurred the debt? Check one.			☐ Unliquidated☐ Disputed	
				☐ Disputed	
	Debtor 1 only Debtor 2 only			Type of NONDRIODITY upgestured claims	
				Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only			Student loans	
İ	At least one of the debtors and another			Obligations arising out of a separation agreement or divorce that	
	☐ Check if this claim is for a commu	nity debt		you did not report as priority claims	
	Is the claim subject to offset?			☐ Debts to pension or profit-sharing plans, and other similar debts☐ Other. Specify CREDIT CARD	
	-			Other, Specify Of the Diff Of the Diff	
	Ø No				
	☐ Yes				

WILLIAM

CHRIS

ZACHARY

Case number (if known)_

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Afte	r listing any entries on this page, number then	n beginning witl	h 4.4, followed by 4.5, and so forth.	Total claim	
4.7	CASHNET USA		Last 4 digits of account number 6802	_{\$} 1,855.44	
	Nonpriority Creditor's Name			\$ <u>1,000.44</u>	
	175 WEST JACKSON BOULEVARD		When was the debt incurred? 11/8/24		
	Number Street		As of the date you file, the claim is: Check all that apply.		
	CHICAGO IL	60604			
	City State	ZIP Code	Contingent		
	Who incurred the debt? Check one.		☐ Unliquidated ☐ Disputed		
	Debtor 1 only		·		
	Debtor 2 only		Type of NONPRIORITY unsecured claim:		
	Debtor 1 and Debtor 2 only		Student loans		
	At least one of the debtors and another		Obligations arising out of a separation agreement or divorce that		
	☐ Check if this claim is for a community debt		you did not report as priority claims		
	Is the claim subject to offset?		☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify COLLECTION		
	☑ No		· · · · · · · · · · · · · · · · · · ·		
	☐ Yes				
4.8	DOE AIDV		Last 4 digits of account number 0190	s 63,952.00	
	Nonpriority Creditor's Name			¥	
			When was the debt incurred? 2019		
	PO BOX 4450		_		
	Number Street PORTLAND OR	OR 97208 As of the date you file, the cla			
	City State	Contingent			
		ZIP Code	☐ Unliquidated		
	Who incurred the debt? Check one.		☐ Disputed		
	Debtor 1 only		Disputed		
	Debtor 2 only		Type of NONPRIORITY unsecured claim:		
	Debtor 1 and Debtor 2 only		T .		
	At least one of the debtors and another		Student loans		
			 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 		
	☐ Check if this claim is for a community debt		Debts to pension or profit-sharing plans, and other similar debts		
	Is the claim subject to offset?		Other. Specify		
	☑ No				
	☐ Yes				
4.9		resecta of the state of the order of the state of the sta		s 360.50	
	EMPOWER		Last 4 digits of account number 5098		
	Nonpriority Creditor's Name		When was the debt incurred? 11/15/19		
	9169 W STATE ST.#499 Number Street		— When was the dept medited: 117 107 10		
	GARDEN CITY ID	83714	As of the date you file, the claim is: Check all that apply.		
	City State	ZIP Code	Contingent		
	Who incurred the debt? Check one.		☐ Unliquidated ☐ Disputed		
	Debtor 1 only		₩ Disputed		
	Debtor 2 only		Type of NONPRIORITY unsecured claim:		
	Debtor 1 and Debtor 2 only				
	At least one of the debtors and another		Student loans		
	At least one of the deptors and another		Obligations arising out of a separation agreement or divorce that		
	☐ Check if this claim is for a community debt		you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts		
	Is the claim subject to offset?		Other, Specify CASH ADVANCE		
	☑ No		-		
	Yes				

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WILLIAM First Name CHRIS

ZACHARY

Case	nim	har
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listing any entries on thi	is page, number the	m beginning wit	th 4.4, followed by 4.5, and so forth.	Total claim
FNB OMAHA			Last 4 digits of account number 1709	s 4,825.0
Nonpriority Creditor's Name				\$ 4,020.0
1620 DODGE STREET			When was the debt incurred? 10/1/21	
Number Street				
ОМАНА	NE	68197	As of the date you file, the claim is: Check all that apply.	
City	State	ZIP Code	Contingent	
1841 In-account of Alice of a 1-1-40 Of			Unliquidated	
Who incurred the debt? Ch	ieck one,		☐ Disputed	
Debtor 1 only			Toward NONDRIODITY was a sound alains	
Debtor 2 only Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:	
At least one of the debtors			Student loans	
			 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
Check if this claim is fo	or a community debt		Debts to pension or profit-sharing plans, and other similar debts	
s the claim subject to offs	et?		Other. Specify CREDIT CARD	
ŽÍ No				
Yes				
FREEDOMROAD FINANCIAL	ekumentet erket an det en erket en erkeng 1990 et groen til et av het 1990 agsamp, hen tyggt het	an at a description of the descr	Last 4 digits of account number 2856	\$ 3,492.0
Nonpriority Creditor's Name				
PO BOX 4597			When was the debt incurred? $5/8/23$	
Number Street			A of the data way file the algebraic Observation with the section	
OAK BROOK	IL	60522	As of the date you file, the claim is: Check all that apply.	
City	State	ZIP Code	Contingent	
			Unliquidated	
Who incurred the debt? Ch	ieck one.		☐ Disputed	
Debtor 1 only			T. (MONPPIODITY	
Debtor 2 only Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:	
■ Debtor 1 and Debtor 2 only ■ At least one of the debtors			Student loans	
At least one of the debtors	and another		Obligations arising out of a separation agreement or divorce that	
Check if this claim is fo	r a community debt		you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
s the claim subject to offs	et?		Other. Specify MOTORCYCLE	
☑ No			a said. opening	
Yes				
HEIGHTSFIN			Last 4 digits of account number 4009	\$ 5,059.0
Nonpriority Creditor's Name			— When was the debt incurred? 9/1/24	
2910 TAZEWELL PIKE			When was the debt incurred? 9/1/24	
Number Street KNOXVILLE	TN	37918	As of the date you file, the claim is: Check all that apply.	
City	State	ZIP Code	Contingent	
Who incurred the debt? Ch	eck one		Unliquidated	
	out one.		☐ Disputed	
Debtor 1 only Debtor 2 only			Type of NONPRIORITY unsecured claim:	
Debtor 2 only Debtor 1 and Debtor 2 only	,			
At least one of the debtors			☐ Student loans	
			Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
☐ Check if this claim is fo	r a community debt		Debts to pension or profit-sharing plans, and other similar debts	
s the claim subject to offs	et?		Other. Specify PERSONAL LOAN	
☑ No				
Yes				

Debtor 1 WILLIAM **CHRIS** ZACHARY First Name Case number (if known) Your NONPRIORITY Unsecured Claims — Continuation Page Part 2: After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. Total claim 4.13 NAVY FCU Last 4 digits of account number 5703 Nonpriority Creditor's Name s 8,938.00 PO BOX 3500 When was the debt incurred? 10/1/21 Number Street MERRIFIELD As of the date you file, the claim is: Check all that apply. 22119 City State ZIP Code ☐ Contingent Who incurred the debt? Check one. ☐ Unliquidated Debtor 1 only ☐ Disputed Debtor 2 only Type of NONPRIORITY unsecured claim: Debtor 1 and Debtor 2 only At least one of the debtors and another ☐ Student loans Obligations arising out of a separation agreement or divorce that lacksquare Check if this claim is for a community debt you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offset? Other Specify CREDIT CARD **1** No ☐ Yes 4.14 SYNCB/AMAZ Last 4 digits of account number 9552 Nonpriority Creditor's Name \$468.00 PO BOX 960013 When was the debt incurred? 8/1/24 Number ORLANDO As of the date you file, the claim is: Check all that apply. 32896 City State ZIP Code Contingent Who incurred the debt? Check one. Unliquidated Debtor 1 only Disputed Debtor 2 only Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans Obligations arising out of a separation agreement or divorce that lacksquare Check if this claim is for a community debt you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offset? Other. Specify CREDIT CARD Ø No Yes 4.15 SYNCB/EBAY s 831.00 Last 4 digits of account number 0657 Nonpriority Creditor's Name PO BOX 85123 When was the debt incurred? 10/1/21 Number ORLANDO As of the date you file, the claim is: Check all that apply. FL 32896 State ZIP Code Contingent Who incurred the debt? Check one. Unliquidated ☐ Disputed

Ø No ☐ Yes

Debtor 1 only Debtor 2 only

Debtor 1 and Debtor 2 only At least one of the debtors and another

Is the claim subject to offset?

☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

you did not report as priority claims

Other. Specify CREDIT CARD

lacksquare Obligations arising out of a separation agreement or divorce that

Debts to pension or profit-sharing plans, and other similar debts

Student loans

WILLIAM First Name CHRIS Middle Name ZACHARY

Last Name

Case number (if known)

Part 2:

Afte	r listing any entries on this page, number them beginning	g with 4.4, followed by 4.5, and so forth.	Total claim
.16	SYNCB/PPC	Last 4 digits of account number 7936	_{\$} 1,334.0
	Nonpriority Creditor's Name	When was the debt incurred? 5/1/21	-
	PO BOX 85123		
	Number Street ORLANDO FL 32896	As of the date you file, the claim is: Check all that apply.	
	City State ZiP Code	Contingent	
	Who incurred the debt? Check one.	☐ Unliquidated ☐ Disputed	
	☑ Debtor 1 only ☐ Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only	Student loans	
	☐ At least one of the debtors and another ☐ Check if this claim is for a community debt	 Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts 	
	Is the claim subject to offset? ☑ No ☐ Yes	Other. Specify CREDIT CARD	
.17	SYNCB/PPMC	Last 4 digits of account number 1018	\$ 6,306.00
	Nonpriority Creditor's Name	When was the debt incurred? 4/1/23	
	PO BOX 85123	When was the debt incurred? 4/1/23	
	Number Street	As of the date you file, the claim is: Check all that apply.	
	ORLANDO GA 32896 City State ZIP Code	□ Contingent	
	Only State Eli Sout	Unliquidated	
	Who incurred the debt? Check one.	Disputed	
	Debtor 1 only	·	
	Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only	☐ Student loans	
	At least one of the debtors and another	Obligations arising out of a separation agreement or divorce that	
	☐ Check if this claim is for a community debt	you did not report as priority claims	
	Is the claim subject to offset?	☐ Debts to pension or profit-sharing plans, and other similar debts ☑ Other. Specify CREDIT CARD	
	☑ No ☐ Yes	Other, Specify Orkans Transfer of the Control of th	
18	WFBNA CARD	Last 4 digits of account number 8398	\$ <u>3,077.00</u>
	Nonpriority Creditor's Name		
	PO BOX 51193	When was the debt incurred? 7/1/23	
	Number Street LOS ANGELES CA 90051	As of the date you file, the claim is: Check all that apply.	
	City State ZIP Code	Contingent	
	Who incurred the debt? Check one.	Unliquidated	
	panna,	☐ Disputed	
	Debtor 1 only Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only	☐ Student loans	
	☐ At least one of the debtors and another	 Student loans Obligations arising out of a separation agreement or divorce that 	
	☐ Check if this claim is for a community debt	you did not report as priority claims	
	Is the claim subject to offset?	□ Debts to pension or profit-sharing plans, and other similar debts□ Other. Specify CREDIT CARD	
	☑ No □ Yes		

Part 4:

Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

			Total claim	
Total claims	6a. Domestic support obligations	6a.	\$	0.00
from Part 1	6b. Taxes and certain other debts you owe the government	6b.	\$	0.00
	6c. Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d.	+ \$	0.00
	6e. Total. Add lines 6a through 6d.	6e.	\$	0.00
			Total claim	
Total claims	6f. Student loans	6f.	\$	63,952.00
from Part 2	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$	0.00
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00
	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	+ \$	50,146.84
	6j. Total. Add lines 6f through 6i.	6j.	\$	114,098.84

Fil	l in this ir	nformation to id	lentify your o	ase:			
De	btor	WILLIAM	СН	IRIS	ZACHARY		
De	btor 2	First Name	Mid	dle Name	Last Name		
(Sp	ouse If filing)		EASTE	dle Name RN DISTRICT C	Last Name		
Un	ited States	Bankruptcy Court	for the:	NN DISTRICT O	F TENNESSEE		
	se number known)						☐ Check if this is an
L							amended filing
Of	ficial F	orm 106	G				
Sc	hedi	ule G: E	 xecuto	orv Cor	itracts an	d Unexpired Leases	12/15
info addi 1.	Do you h Do you h No. C Yes. I List sepa example unexpired	f more space is ges, write your nave any execu check this box and Fill in all of the in grately each pend, rent, vehicle le	s needed, cop name and ca tory contract and file this form a formation be son or comp ease, cell pho	by the additions of the country of t	nal page, fill it out, if known). d leases? rt with your other scheontracts or leases a om you have the continstructions for this fo	together, both are equally responsible for support the entries, and attach it to this page. On the entries of t	on the top of any m. 106A/B). or lease is for (for executory contracts and
	EMER:	SON APART	MENTS			LEASE (RENT): RENT	
	501A					_	
	Number KNOX	Street VILLE	TN	37919			
	City	•	State	ZIP Code			
2.2							
	Name						
	Number	Street			······································		
		0.000					
	City		State	ZIP Code			
2.3							
	Name						
	Number	Street				_	
			_			_	
	City		State	ZIP Code			
2.4							
	Name						
	Number	Street					
				715.0		_	
	City		State	ZIP Code			

Debtor 1	WILLIAM	CHRIS	ZACHARY
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse, if filing	First Name	Middle Name	Last Name
.,) First Name Bankruptcy Court for	EASTERN DISTRICT	

☐ Check if this is an amended filing

Official Form 106H

Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filling together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

Check all schedules that apply: ELIZABETHAPT BBLEVINS Elizabeth S Blevi vis Name 500 LONGVIEW ROAD Apt B Number Street KNOXVILLE TN 37919 City State ZIP Code Name O Schedule D, line Schedule G, line 2.1 Schedule D, line Schedule E/F, line Schedule G, line Schedule G, line Schedule G, line Schedule G, line Schedule D, line	o you have any codebtors? (If you ☐ No	are filing a joint case, d	o not list either spouse as a	a codebtor.)
Average California, Idaho, Louislana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.) No. Go to line 3. Yes. Did your spouse, former spouse, or legal equivalent live with you at the time? No. Column 1. Is all of your spouse, former spouse, or legal equivalent Number Street City State ZIP Code In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filling with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on schedule E/F, or Schedule E/F, line				
Yes. Did your spouse, former spouse, or legal equivalent live with you at the time? No	-	• •		`
Name of your spouse, former spouse, or legal equivalent Number Street	☑ No. Go to line 3.			
Yes. In which community state or territory did you live?	Yes. Did your spouse, former spor	use, or legal equivalent	live with you at the time?	
Name of your spouse, former spouse, or legal equivalent Number Street				
Number Street State ZIP Code State ZIP Code	Yes. In which community state	e or territory did you live	? F	ill in the name and current address of that person.
Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person hown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on chedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, inchedule E/F, or Schedule G to fill out Column 2. Column 1: Your codebtor Column 2: The creditor to whom you owe the content of the conte	Name of your spouse, former spouse, or	or legal equivalent		
Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person hown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on chedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, chedule E/F, or Schedule G to fill out Column 2. Column 1: Your codebtor Column 2: The creditor to whom you owe the concept of the concept	Number Street			
Thown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2. Column 1: Your codebtor	City	State	ZIP Code	
ELIZABETHAPT BBLEVINS Elizabeth S. Blevi 15 Name 500 LONGVIEW ROAD Apt B Number Street KNOXVILLE TN 37919 City State ZIP Code Schedule D, line Schedule G, line 2.1 Schedule D, line Schedule E/F, line Schedule E/F, line Schedule G, line Schedule E/F, line Schedule B, line Schedule B, line Schedule D, line Schedule B, line Schedule B, line		•	orm 106E/F), or Schedule	G (Official Form 106G). Use <i>Schedule D,</i>
Schedule D, line Schedule E/F, line	chedule E/F, or Schedule G to fill o	•	orm 106E/F), or Schedule	
Schedule E/F, line Schedule E/F, line Schedule E/F, line Schedule E/F, line Schedule G, line 2.1	chedule E/F, or Schedule G to fill o	•	orm 106E/F), or Schedule	Column 2: The creditor to whom you owe the d
Number Street	chedule E/F, or Schedule G to fill of Column 1: Your codebtor ELIZABETHAPT B BLEVINS	out Column 2.		Column 2: The creditor to whom you owe the d
City State ZIP Code Name Schedule D, line Number Street Schedule E/F, line City State ZIP Code Name Schedule D, line Schedule E/F, line Schedule E/F, line	chedule E/F, or Schedule G to fill of Column 1: Your codebtor ELIZABETHAPT B BLEVINS	out Column 2.		Column 2: The creditor to whom you owe the d Check all schedules that apply:
Schedule D, line	Chedule E/F, or Schedule G to fill of Column 1: Your codebtor ELIZABETHAPT B BLEVINS Name 500 LONGVIEW ROAD Number Street	out Column 2. S Elizabeth Apt, B	S. Blevins	Column 2: The creditor to whom you owe the d Check all schedules that apply: — Schedule D, line — Schedule E/F, line
Schedule E/F, line Schedule E/F, line Schedule G, line Schedule D, line Schedule E/F, line	Chedule E/F, or Schedule G to fill of Column 1: Your codebtor ELIZABETHAPT B BLEVINS Name 500 LONGVIEW ROAD Number Street KNOXVILLE	out Column 2. S Elizabeth Apt, B TN	5. Blevi v15 37919	Column 2: The creditor to whom you owe the d Check all schedules that apply: Schedule D, line Schedule E/F, line
Number Street City State ZIP Code Name Schedule D, line Schedule E/F, line	Chedule E/F, or Schedule G to fill of Column 1: Your codebtor ELIZABETHAPT B BLEVINS Name 500 LONGVIEW ROAD Number Street KNOXVILLE	out Column 2. S Elizabeth Apt, B TN	5. Blevi v15 37919	Column 2: The creditor to whom you owe the d Check all schedules that apply: Schedule D, line Schedule E/F, line
City State ZIP Code Name Schedule D, line Schedule E/F, line	Column 1: Your codebtor ELIZABETHAPT B BLEVING Name 500 LONGVIEW ROAD Number Street KNOXVILLE City	out Column 2. S Elizabeth Apt, B TN	5. Blevi v15 37919	Column 2: The creditor to whom you owe the d Check all schedules that apply: Schedule D, line Schedule E/F, line Schedule G, line 2.1 Schedule D, line
Name Schedule D, line Schedule E/F, line	Column 1: Your codebtor ELIZABETHAPT B BLEVING Name 500 LONGVIEW ROAD Number Street KNOXVILLE City Name	out Column 2. S Elizabeth Apt, B TN	5. Blevi v15 37919	Column 2: The creditor to whom you owe the dischedules that apply: Schedule D, line Schedule E/F, line Schedule G, line 2.1 Schedule D, line Schedule D, line
Name Schedule E/F, line	Column 1: Your codebtor ELIZABETHAPT B BLEVING Name 500 LONGVIEW ROAD Number Street KNOXVILLE City	out Column 2. S Elizabeth Apt, B TN	5. Blevi v15 37919	Column 2: The creditor to whom you owe the dischedules that apply: Check all schedules that apply: Schedule D, line Schedule E/F, line Schedule D, line Schedule D, line
Name Schedule E/F, line	Column 1: Your codebtor ELIZABETHAPT B BLEVINS Name 500 LONGVIEW ROAD Number Street KNOXVILLE City Name	S Elizabeth Apt, B TN State	5. Blevi v15 37919 ZIP Code	Column 2: The creditor to whom you owe the dischedules that apply: Schedule D, line Schedule E/F, line Schedule G, line 2.1 Schedule D, line Schedule D, line
Number Street Schedule G. line	Column 1: Your codebtor ELIZABETHAPT B BLEVINS Name 500 LONGVIEW ROAD Number Street KNOXVILLE City Name Number Street	S Elizabeth Apt, B TN State	5. Blevi v15 37919 ZIP Code	Column 2: The creditor to whom you owe the dischedules that apply: Schedule D, line Schedule E/F, line Schedule G, line Schedule D, line Schedule E/F, line Schedule E/F, line
Contraction of the contraction o	Column 1: Your codebtor ELIZABETHAPT B BLEVINS Name 500 LONGVIEW ROAD Number Street KNOXVILLE City Name Number Street City	S Elizabeth Apt, B TN State	5. Blevi v15 37919 ZIP Code	Column 2: The creditor to whom you owe the d Check all schedules that apply: Schedule D, line Schedule E/F, line Schedule D, line Schedule E/F, line Schedule E/F, line Schedule D, line Schedule D, line
	Column 1: Your codebtor ELIZABETHAPT B BLEVINS Name 500 LONGVIEW ROAD Number Street KNOXVILLE City Name Number Street City Name	S Elizabeth Apt, B TN State	5. Blevi v15 37919 ZIP Code	Column 2: The creditor to whom you owe the dicease that apply: Check all schedules that apply: Schedule D, line Schedule G, line 2.1 Schedule D, line Schedule E/F, line Schedule G, line

Fill in this	information to identify	your case:						
Debtor 1	WILLIAM First Name	CHRIS Middle Name	ZACHARY Last Name		_			
Debtor 2 (Spouse, if filing			Last Name					
	•	EASTERN DISTRICT OF TENN						
Case number	r				Ch	neck if thi	s is:	
(If known)							nded filing	
							ement showing postpeti as of the following date:	
	orm 106I					MM / DD	/ YYYY	
Sche	dule I: You	ır Income						12/15
supplying co	orrect information. If yo parated and your spou	essible. If two married peopu are married and not filir ise is not filing with you, d top of any additional page	ng jointly, and you o not include info	ur sp ormai	ouse is livin	ng with yo our spous	u, include information ab se. If more space is need	out your spouse. ed, attach a
1. Fill in you	ur employment ion.		Debtor 1				Debtor 2 or non-filing	spouse
	ve more than one job,		Enjance in calls calls were reported coards where the contract of the contract		oonensiisti üüünd kekilo mit riitti logaasiikiloind tektallen		aarda oo	te end Sichel well der State en State en schliebet in wieder die der die der der der der der der der der der d
	separate page with on about additional rs.	Employment status		ed			☐ Employed ☐ Not employed	
	art-time, seasonal, or oved work.							
Occupation	on may include student naker, if it applies.	Occupation	A & D REHAL	3ILI7	TATION C	<u>OUNS</u>	,	
		Employer's name	NEW HOPE	HEA	LTHCARE	<u>INST</u>		
		Employer's address	100 GLENLE Number Street	IGH	COURT		Number Street	
			KNOXVILLE	Stat		7934	City Sta	te ZIP Code
		How long employed there	•					
Part 2:	Give Details About	Monthly Income						
Estimate	-	the date you file this form	. If you have nothi	ng to	report for an	y line, write	e \$0 in the space. Include	your non-filing
If you or y		ive more than one employer tach a separate sheet to this		rmatio	on for all emp	oloyers for	that person on the lines	
					For Deb	otor 1	For Debtor 2 or non-filing spouse	
		ary, and commissions (bef calculate what the monthly t		2.	\$ <u>3,308</u>	3.00	\$0.00	
3. Estimate	e and list monthly over	time pay.		3.	+\$0	.00	+ \$0.00	
4. Calculat	e gross income. Add lin	ne 2 + line 3.		4.	\$ 3,308	3.00	\$0.00	

Debtor	1	

WILLIAM First Name CHRIS Middle Name ZACHARY Last Name

Case number (if known)_

		For Debtor 1	For Debto		
Copy line 4 here	→ 4.	\$ <u>3,308.00</u>	\$	0.00	
5. Indicate whether you have the payroll deductions below:					
5a. Tax, Medicare, and Social Security deductions	5a.	s 504.00	\$	0.00	
5b. Mandatory contributions for retirement plans	5b.	\$ 0.00	,	0.00	
5c. Voluntary contributions for retirement plans	5c.	\$ 0.00	т	0.00	
5d. Required repayments of retirement fund loans	5d.	\$ 0.00	•	0.00	
5e. Insurance	5e.	\$ 0.00	·	0.00	
		\$ 0.00	·	0.00	
5f. Domestic support obligations	5f.	\$ 0.00	·	0.00	
5g. Union dues	5g.	0.00	T	0.00	
5h. Other deductions. Specify:	-		-		
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g +	5h. 6.	\$ 504.00	\$	0.00	
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$ <u>2,804.00</u>	\$	0.00	
8. List all other income regularly received:					
8a. Net income from rental property and from operating a business,	8a.	\$ <u>0.00</u>	\$	0.00	
profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.					
8b. Interest and dividends		\$ <u>0.00</u>	\$	0.00	
8c. Family support payments that you, a non-filing spouse, or a dependence of the control of	ndent	\$0.00	\$	0.00	
Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.					
8d. Unemployment compensation		\$0.00	\$	0.00	
8e. Social Security		\$ <u>0.00</u>	\$	0.00	
8f. Other government assistance that you regularly receive					
Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps or housing subsidies. Specify (Debtor 1): Specify (Debtor 2 or Non-Filing Spouse):					
opolity (estate).		0.00		0.00	
		\$ <u>0.00</u>	\$	0.00	
8g. Pension or retirement income		s0.00_	\$	0.00	
8h. Other monthly income.					
Specify (Debtor 1): Specify (Debtor 2 or Non-Filing Spouse):					
		\$	\$	0.00	!
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.		\$0.00	\$	0.00	; ;
10. Calculate monthly income. Add line 7 + line 9.		\$ 2,804.00	+ \$	0.00 =	\$ 2,804.00
Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse.		\$ 2,004.00	• [Ψ	0.00	
11. State all other regular contributions to the expenses that you list in Sch Include contributions from an unmarried partner, members of your household, your dependents, your relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available	roommates,				
Specify: BILLS			=.	11. +	\$
12. Add the amount in the last column of line 10 to the amount in line 11. T Write that amount on the Summary of Your Assets and Liabilities and Certain				12.	3,087.00
13. Do you expect an increase or decrease within the year after you file this	s form?				Combined monthly income
☑ No. ☐ Yes. Explain:					

Eill i	in thic i	nformation to identif	v vour case:					
26.000		WILLIAM	CHRIS	ZACHARY				
Debt		First Name	Middle Name	Last Name	Chec	k if this is:		
Debt (Spou) First Name	Middle Name	Last Name		amended fi	-	
Unite	ed States	Bankruptcy Court for the	EASTERN DISTRICT	OF TENNESSEE			showing post; f the following	petition chapter 13 date:
Case (If kn	e number lown)				MN	/ / DD / YYYY		
Offi	ioiol I	Form 106 I	. ,, ,					
		Form 106J Jule J: Yo	_ our Exper	ises				12/15
Be as	comple	ete and accurate as p	oossible. If two marr ded, attach another	ied people are fili	ng together, both are equ . On the top of any additi			
Part	1:	Describe Your Ho	usehold					
1. Is th	his a joi	int case?						
		o to line 2. Des Debtor 2 live in a	separate household	d?				
	-	No Yes. Debtor 2 must f	ile Official Form 106J	-2, Expenses for S	eparate Household of Debi	tor 2.		
2. Do	you ha	ve dependents?	☑ No		Dependent's relationship t	0	Dependent's	Does dependent live
	not list I otor 2.	Debtor 1 and	Yes. Fill out the each dependent	nis information for ent	Debtor 1 or Debtor 2	mentada-kalkal dilik dal-kalkal kalkal kalkal	age	with you?
	not state	e the dependents'						☐ No ☐ Yes
nan	1103.							□ No
								Yes
								☐ No ☐ Yes
								□ No
								☐ Yes
								☐ No ☐ Yes
exp	enses	penses include of people other than nd your dependents?	☑ No ☐ Yes					
Part 2	2 : Es	stimate Your Ongo	oing Monthly Expe	enses				
expen	-	of a date after the ba		-	re using this form as a sunntal Schedule J, check th			
		nses paid for with no	n-cash government	assistance if you	know the value of			
		nce and have include		•	,		Your expe	NSES
		or home ownership or the ground or lot.	expenses for your r	esidence. Include	first mortgage payments a	nd 4.	\$	1,200.00
lf r		uded in line 4:					•	
4a.		estate taxes				4a.	\$	0.00
4b.	·	erty, homeowner's, or				4b.	\$	0.00
4c.		e maintenance, repair,	, , ,			4c.	\$	0.00
4d.	. Hom	eowner's association of	or condominium dues			4d.	Φ	***************************************

WILLIAM First Name

CHRIS

Middle Name

ZACHARY Last Name

Case number (if known)_

			Your exp	enses
5.	Additional mortgage payments for your residence, such as home equity loans	5.	\$	0.00
6.	6a. Electricity, heat, natural gas	6a,	\$	110.00
	6b. Water, sewer, garbage collection	6b.	\$	0.00
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	400.00
	6d. Other. Specify:	6d.	\$	0.00
7.		7.	\$	400.00
8.	Childcare and children's education costs	8.	\$	0.00
9.	Clothing, laundry, and dry cleaning	9.	\$	80,00
10.	Personal care products and services	10.	\$	60.00
11.	Medical and dental expenses	11.	\$	100.00
12.	Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12.	\$	370.00
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$	100.00
14.	Charitable contributions and religious donations	14.	\$	0.00
15.	Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.			
	15a. Life insurance	15a.	\$	0.00
	15b. Health insurance	15b.	\$	20.00
	15c. Vehicle insurance	15c.	\$	225.00
	15d. Other insurance. Specify:	15d.	\$	0.00
16.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:	16.	\$	10.00
17.	Installment or lease payments:			
	17a. Car payments for Vehicle 1	17a.	\$	140.00
	17b. Car payments for Vehicle 2	17b.	\$	130.00
	17c. Other. Specify: SUBURU	17c.	\$	450.00
	17d. Other. Specify:	17d.	\$	0.00
18.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106I).	18.	\$	0.00
19.	Other payments you make to support others who do not live with you.			
	Specify:	19.	\$	0.00
20.	Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Incom	ie.		
	20a. Mortgages on other property	20a.	\$	0.00
	20b. Real estate taxes	20b.	\$	0.00
	20c. Property, homeowner's, or renter's insurance	20c.	\$	
	20d. Maintenance, repair, and upkeep expenses	20d.	\$	
	20e. Homeowner's association or condominium dues	20e.	\$	0.00

Debtor		CHRIS	ZACHARY	Case nun	nber (if known)		
21. O t	First Name her. Specify:	Middle Name	Last Name		21.	+\$	0.00
22. Ca	lculate your mor	nthly expenses.					
22	a. Add lines 4 thro	ough 21.			22a.	\$	3,535.00
22	b. Copy line 22 (m	nonthly expenses	for Debtor 2), if any, from Of	ficial Form 106J-2	22b.	\$	0.00
22	c. Add line 22a ar	nd 22b. The resul	is your monthly expenses.		22c.	\$	3,535.00
23. Cal	culate your mon	thly net income.					3,087.00
23a.	Copy line 12 (y	our combined mo	onthly income) from Schedule	e I.	23a.	\$	3,067.00
23b.	Copy your mor	nthly expenses fro	om line 22c above.		23b.	-\$	3,535.00
23c.	•	monthly expenses our <i>monthly net in</i>	from your monthly income.		23c.	\$	-448.00
24. Do	you expect an in	crease or decre	ase in your expenses withi	n the year after you file this fo	orm?		
			, , ,	the year or do you expect your on to the terms of your mortgag			
	No. Yes. Evolain l	here:					

in this in	formation to ider	ntify your case:				
btor 1	WILLIAM	CHRIS	ZACHARY			
btor 2	First Name	Middle Name	Last Name			
ouse, if filing)	First Name	Middle Name	Last Name			
ited States	Bankruptcy Court for	the: EASTERN DISTRICT	OF TENNESSEE			
se number						
known)					☐ Check if amende	
	l Form 106		Individual	Debtor's Sched	lules	12/1
		7100000111				12/1
two mari	ried people are fi	ling together, both are e	equally responsible for	supplying correct information.		
btaining ı	money or proper	•	on with a bankruptcy cas	ed schedules. Making a false stat ee can result in fines up to \$250,00		•
btaining I	money or proper ooth. 18 U.S.C. §§ Sign Below	ty by fraud in connection 152, 1341, 1519, and 35	on with a bankruptcy cas	-		•
btaining i ears, or b Did you ☑ No	money or proper ooth. 18 U.S.C. §§ Sign Below	by by fraud in connection 152, 1341, 1519, and 35 a	on with a bankruptcy cas	e can result in fines up to \$250,00	00, or imprisonment for up	•
btaining i ears, or b Did you ☑ No	money or proper both. 18 U.S.C. §§ Sign Below u pay or agree to	by by fraud in connection 152, 1341, 1519, and 35 a	on with a bankruptcy cas	e can result in fines up to \$250,00	00, or imprisonment for up	•
Did you Did you No Yes Under I	sign Below u pay or agree to Name of person_ penalty of perjury	pay someone who is No.	on with a bankruptcy cases 571. OT an attorney to help y	e can result in fines up to \$250,00 cou fill out bankruptcy forms? Attach Bankruptcy Petition Preparet	00, or imprisonment for up	•
Did you Did you No Yes Under I	sign Below u pay or agree to Name of person_ penalty of perjury	by by fraud in connection 152, 1341, 1519, and 35 pay someone who is No.	on with a bankruptcy cas	rou fill out bankruptcy forms? Attach Bankruptcy Petition Prepared Signature (Official Form 119).	00, or imprisonment for up	•

IN THE UNITED STATES BANKRUPTCY COURT FOR THE EASTERN DISTRICT OF TENNESSEE

IN RE:)						
WILLIAM CHRIS ZACHARY Debtor.	Case No Chapter 7						
VERIFICA	VERIFICATION OF MATRIX						
The above named debtor hereby verifies and correct to the best of his/her/their known	s that the attached List of Creditors is true owledge.						
Date: 05/28/2025	Debtor Signature						

AFFIRM 650 CALIFORNIA STREET SAN FRANCISCO, CA 94108

CAP1

PO BOX 85123

RICHMOND, VA 23285

CASHNET USA 175 WEST JACKSON BOULEVARD SUITE 600 CHICAGO, IL 60604

CBNA 811 EAST 10TH STREET SIOUX FALLS, SD 57103

CCB/ACADMY
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COLUMBUS , OH 43218

CCBANK/OPP
PO BOX 5040
FREDRICKSBURG, VA 22403

CRDTONEBNK

PO BOX 60500

CITY OF INDUSTRY, CA 91716-0500

DOE AIDV

PO BOX 4450

PORTLAND, OR 97208

EMERSON APARTMENTS

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KNOXVILLE, TN 37919

EMPOWER

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GARDEN CITY, ID 83714

FNB OMAHA

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OMAHA, NE 68197

FREEDOMROAD FINANCIAL

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KTVA

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NAVY FCU

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ORNL CU

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OAK RIDGE, TN 37830

SYNCB/AMAZ

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ORLANDO, FL 32896

SYNCB/EBAY

PO BOX 85123

ORLANDO, FL 32896

SYNCB/PPC

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ORLANDO, FL 32896

SYNCB/PPMC

PO BOX 85123

ORLANDO, GA 32896

WFBNA CARD

PO BOX 51193

LOS ANGELES, CA 90051